

## Referral Form

- Self-referral ☐  
 Referral by family member/friend ☐  
 Referral by health/social care organisation ☐  
 Referral by other service provider ☐

**How did you hear about Unforgettable Experiences?**

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### Referrer

Name:	Job title:
Organisation:	
Tel No:	Email:
Date of Referral:	

### The Individual

Name:	Mr/Mrs/Miss/Ms/Other:
Known As:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other
Date of Birth:	
Address:	
Postcode:	Tel No:
E-mail:	
Diagnosis of Dementia (Y/N):	

### Individual's Main Contact

Name:	Mr/Mrs/Miss/Ms/Other
Address:	
Postcode:	
Tel No:	Email:

Relationship with the person being referred:

**What is the person being referred interested in...? (Please tick)**

- ☐ History and Heritage ☐ Visual Arts ☐ Music ☐ Crafts  
☐ Dance and Movement ☐ Literature

**Please tell us any other information about the person being referred (*their likes, dislikes, interests, hobbies and anything that you think would be useful in helping us in delivering our services to support them*).**

**Internal use only:**

Date person contacted: \_\_\_\_\_

**Additional comments**

**Completed by: (Unforgettable Experiences member of staff/volunteer):**

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_