

PUPIL



# Referral form

Omega is working with primary schools to deliver Pupil Pals; a free befriending service in which socially isolated and lonely clients receive regular cards and pictures made for Omega by creative children. Complete this form to refer yourself or someone you know.

If you are completing this form for yourself, go straight to: **Section 2 · About the client**.

## Section 1 · About the referrer

Name:

Phone:

Email:

Relationship:

If professional referrer, employer:

How did you hear about Omega?

## Section 2 · About the client

Title:

First name:

Last name:

Address line 1:

Address line 2:

Town / city:

County:

Postcode:

Date of birth:

Phone:

Mobile:

Email:

Additional information - tick all that apply:

Lives alone

Over 75

Bereaved

Caregiver

Former caregiver

Socially isolated

Significant life event(s) / information:

Continued overleaf

**Please tick which ethnicity you identify with:**

Asian

Asian British

Black

Black British

Mixed

Other

White

**Would you describe your sexual orientation as:**

Heterosexual

Gay / Lesbian

Bisexual

Other

Prefer not to say

**How did you hear about Omega?**

**Consent to storage of personal information on Omega's database - tick required:**

I agree to Omega storing my information and sending me communications.

**Tick to subscribe to the Omega Newsletter by:**  Email  Post

**Signed:**

**Date:**

## Section 3 · Client's emergency contact

**Name:**

**Phone:**

**Email:**

**Relationship:**

**Post this form to: Pupil Pals, Omega, London House, Town Walls, Shrewsbury, SY1 1TX**

