Referral form

Omega is working with primary schools to deliver Pupil Pals; a free 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

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, SYI ITX

