

GUEST APPLICATION



Title:

First name:

Surname:

Address:

Postcode:

Telephone no:

Email (if available):

Date of birth:

(Our minimum age is usually 75 but we do take every application on a case by case basis.)

Do you live alone?

What family do you have?

How often do you see them?

Do you go to any clubs or day centres?

If yes, how often?

We ask the questions below to help us and the volunteers make the tea party as safe and enjoyable as we can for you.

Are there stairs or a lift to your home?

(So we can allow as much time as possible and assist you in and out of your home.)

Can you get out by yourself?

Do you use any walking aids?

(If yes, please give details as this helps us to select the best car for you.)

Could you manage to get into the back seat of a 5 door car?

What support would you need (if any) from the volunteer Driver when attending a tea party?

Please tell us the name and relationship of your next of kin in case there is an emergency at a tea party and we need to let them know.

Name: _____ **Telephone number:** _____

Email: _____ **Relationship:** _____

If we cannot contact your next of kin, or we are unable to get hold of you before a tea party, please give us the name of who we can get in touch with, preferably locally.

Name: _____ **Telephone number:** _____

Email: _____ **Relationship:** _____

Please give us your GP Practice's details. We will only contact them with your knowledge, in case you need their support and are unable to contact them yourself. We will never contact them enquiring about any personal information.

GP Practice name: _____

Telephone number: _____

Do you have any dietary requirements?

(We can let the Host of the afternoon tea party know about these in advance.)

Is there anything else you think we should know?

What is the best way to communicate with you?

(Post, phone, email or via another person.)

Finally, how did you hear about Contact the Elderly?

I would like to be offered a place in a Contact the Elderly group

Data Protection – I understand that as part of a Contact the Elderly group, my details will be held in a confidential, secure database, which is only used for communications with staff. Once part of a Contact the Elderly group, the local Group Coordinator and Driver picking me up will hold my contact information for as long as I am part of the local group.

_____ **(signature)** _____ **(date)**

Please return this form to:

Contact the Elderly, 2 Grosvenor Gardens, London SW1W 0DH

What will happen next? Once we have your application form, we will process it onto our database and then pass your details onto your local Development or Support Officer who will follow up with you.

If you have any questions, or need help filling in this form, please feel free to call our National Office on Freephone 0800 716 543 or 0207 240 0630