**REFERRAL FORM – Halton Life Stories project**

The Halton Life Stories project is run by Halton Libraries and offers a service to people across Halton borough. Our staff and volunteers work with people 1 to 1 to record and document their life stories. We will arrange weekly visits for several weeks with the aim of creating a Life Story Book for them to keep.

A copy of the book will be given to the individual and with the person’s permission a copy will also be given to friends, relatives, or carers. Please fill in this form and provide as much information as possible to help us get the most out of our visits.

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Preferred Name:** |  |
| **Address:**  Include phone number or email address if self-referring |  |
| **Date of Birth:** |  |

|  |  |
| --- | --- |
| **If resident in** **Sheltered HousingScheme or Care Home**: | |
| Manager’s Name: |  |
| Contact Email: |  |
| Contact Telephone: |  |

|  |  |
| --- | --- |
| **If referred by a relative/friend:** | |
| Name & relationship: |  |
| Address: |  |
| Email: |  |
| Telephone number |  |

|  |  |
| --- | --- |
| **If referred by an organisation:** | |
| Name of Referrer: |  |
| Contact details:  *(email / phone)* |  |
| Date of Referral: |  |

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| --- | --- | --- | --- |
| **Consent** | | | |
| Has the person agreed to the referral and to their personal data being shared with the Halton Life Stories project? | | | Yes  No |
| Or, if they are unable to consent has a best interest decision been made? | | | Yes  No |
| Date of consent (or date best interest decision made) |  | If best interest decision made – name of person making decision |  |

|  |  |
| --- | --- |
| **The following information is requested to help us prepare for our visits and to be able to get the best out of them.** | |
| When is the best time to visit? |  |
| Please tell us about the person’s hearing |  |
| Please tell us about the person’s sight |  |
| Please tell us about the person’s memory |  |
| Are there any other conditions you could tell us about? e.g. stroke, Parkinsons, etc. |  |
| Is there anything we need to know about that would upset the person? |  |

|  |  |
| --- | --- |
| **The following information is requested to help us get to know the person a bit better.** | |
| Can you tell us anything about the family?  For example:   * Who visits? * Are they local? * Does the person have any relatives abroad that they are in contact with? |  |
| Can you tell us anything about the person’s life? For example:   * Hobbies & Interests * Attendance at social groups, day care or lunch clubs * Work life |  |
| Any further information that may be useful… |  |

**Thank you for your referral.**

**Please return this form to:** [**ruth.darling@halton.gov.uk**](mailto:ruth.darling@halton.gov.uk) **or by post to: Life Stories Project, c/o Ruth Darling, Widnes Library, Kingsway, Widnes, WA8 or Halton Lea Library, Shopping City, Runcorn, WA7 2PF.**

If you have any questions or would like further information, please contact Ruth Darling via email or phone 07717 245134.