

# BlindAid

## Home Visiting Referral Form

This form may be completed by an employee of a statutory organisation or registered charity. It may also be completed on behalf of anyone who is blind or partially sighted by family or friends. All applications are evaluated using the information provided here, so please be as clear and accurate as possible.

Please complete this form online or print, complete and return to the address below.

Details of Service User:	
Title:	
First name:	
Surname:	
Address	
Borough	Postcode
Date of birth (dd/mm/yy)	Home Tel No
E-mail Address:	Mob No:
Does the individual consent to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual consent to BlindAid holding and processing this data for the purpose of providing service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual consent BlindAid contacting them via the following:	<input type="checkbox"/> Phone <input type="checkbox"/> Post
Is the individual a permanent UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BlindAid - Lantern House 102 Bermondsey Street LONDON SE1 3UB

Tel: 0207 403 6184 Email: referrals@blindaid.org.uk

Does the individual live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If English is not spoken - what is first language?	
<b>Health &amp; Well Being:</b>	
Registered blind or partially sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date registered blind or partially sighted (dd/mm/yy)	<input type="checkbox"/>
Eye Condition:	
Disabilities:	
Details of other disabilities or long term conditions:	
Details of any mental health issues:	
<b>GP Contact Details:</b>	
GP Name:	
GP Address:	

**How will the individual benefit from our Home Visiting service?**

Please provide as much detail as possible:

**Details of person submitting this application:**

First Name

Surname

Name of Organisation

Address of Organisation

Borough

Postcode

Telephone number

Email address

Declaration by person submitting the application:  
To the best of my knowledge the information I have provided is complete and accurate and I personally support this application

 Yes**FOR OFFICE USE ONLY**