



**Thame Senior
Friendship Centre**

Supporting our parents and grandparents
in local communities since 1986

Thame Town Cricket Club
Church Meadow Church
Road
THAME
Oxfordshire
OX9 3AJ

REFERRAL / MEMBER APPLICATION FORM

The Privacy Policy for this Membership application found at www.thameseniorfriendshipcentre.com.

For help completing this form, contact us on 01844 212080 – Tuesday, Wednesday and Friday between 8.30am and 3.30pm or email us at info@thameseniorfriendshipcentre.com.

When complete, please either post to the address above or email to us at info@thameseniorfriendshipcentre.com.

APPLICANT INFORMATION		
Full Name:	D.O.B.	
Address:		
Email address:		
Landline and mobile:		
Marital status:	Living alone:	
Type of accommodation:	Lives with informal carer:	
Other support services received:		
Preferred day to attend (please mark with an X):		
Tuesday	Wednesday	Friday
Can you/someone you know provide transport:	Preferred name (if different):	

EMERGENCY CONTACT	
Name:	Phone/Mobile:
Address:	
Email address:	
Relationship:	

APPLICANT GP DETAILS	
GP's name:	Phone/Mobile:
Practice/Address:	



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www.thameseniorfriendshipcentre.com
info@thameseniorfriendshipcentre.com
Telephone: 01844 212080

REFERRAL INFORMATION (IF APPLICABLE)	
Name of referrer:	Phone/Mobile:
Address:	
Email address:	
Relationship to Applicant:	Is Applicant aware of referral?

MEDICAL HISTORY WE SHOULD BE AWARE OF
Heart Condition, including pacemaker: If yes, please give details and dates:
Mobility i.e. uses aids: If yes, please give details and dates:
Breathing problems: If yes, please give details and dates:
Diabetes: If yes, please give details:
Allergies: Medication / Food If yes, please give details:
Diagnosis of Dementia/ Alzheimer's If yes, please give details:
Short Term Memory Loss/any other mental health issues. If yes, please give details:

REASON FOR APPLICATION/REFERRAL

I have read and understand the privacy policy associated with this application. YES

This form was complete by:

Name:

Date:

Signature (optional if printing):



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