



**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:	Lives alone:	
Type of accommodation:	Lives with informal carer:	
Other support services received:		
Preferred day to attend (please select one or more):		
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 and dates
Allergies: Medication / Food	If yes, please give details and dates
Diagnosis of Dementia/ Alzheimer's	If yes, please give details and dates
Short Term Memory Loss/ other mental health issues.	If yes, please give details and dates

REASON FOR APPLICATION/REFERRAL

I have read and understand the privacy policy associated with this application. Click to confirm:

This form was complete by:

Unless filling in by hand, please type your name

Name:

Signature:

Date:



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