



Triage Form

Applicant Information

Full Name	Home Telephone Mobile
Date of Birth	Emergency Contact
Address	Preferred spoken language
Gender	Disability
Referral Reason <input type="checkbox"/> Frequently presenting at GP <input type="checkbox"/> Long term health Condition <input type="checkbox"/> Mild to moderate depression and anxiety <input type="checkbox"/> Increase exercise and mobility <input type="checkbox"/> Weight Mangement <input type="checkbox"/> Isolation and loneliness	Details of referrer <input type="checkbox"/> GP <input type="checkbox"/> Self <input type="checkbox"/> Other health referral

<p>Application Consent</p> <p>The details above are a true reflection of the applicants' medical history and medication. I refer this applicant to Age UK Birmingham and Sandwell to the Activities programme under terms and conditions set out in the protocol. I will notify any changes to their medical condition to Age Uk Birmingham and Sandwell</p>	<p>Photo Consent</p> <p>During some events and services run by Age UK Birmingham and Age UK Sandwell our team members may take photographs as a record of the event taking place, which may then be used for reporting purposes back to our funders (such as Birmingham City Council, Sandwell Metropolitan Borough Council and others.) We may also use photos for publicity purposes.</p> <p>Some photographs may be of group activities or social events, in which case if consent is not given for photography we will blur you out, or crop you out of any photos you are featured in.</p> <p>You will have full rights under the Data Protection Act 2018 and the 2021 UK GDPR as photographic data is process under consent as the basis of processing.</p> <p>I agree/do not agree (please delete as applicable) to the taking of my photograph and its use in newsletters and publicity.</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Do not agree</p>
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