



**Disability Service User Application / Referral Form**

Please fill out your details below. Please be aware that we will keep your data on file for at least 6 years. If you wish to find out more, please read our updated Privacy Policy at [ymcasc.org.uk/privacypolicy](http://ymcasc.org.uk/privacypolicy)

**Personal Information**

**First name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Mobile phone number:** \_\_\_\_\_

**Home phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Yes, I would like to be kept up to date with information, updates and events from YMCA Sutton Coldfield

No, I would not like to receive marketing updates from YMCA Sutton Coldfield

**Disability Information**

**Disability:** \_\_\_\_\_

**Name of family member or support worker:** \_\_\_\_\_

**Name of school / college / other services attended:** \_\_\_\_\_

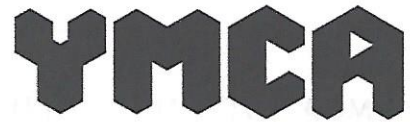
**Other support agencies involved (please tick all that apply):**

Support Agency	<input type="checkbox"/>
Adult Care Services	<input type="checkbox"/>
GP	<input type="checkbox"/>
An advocate	<input type="checkbox"/>
Community Nurse	<input type="checkbox"/>
Connexions	<input type="checkbox"/>
Community Mental Health Team	<input type="checkbox"/>

**Other (please list):** \_\_\_\_\_

**Social Worker contact details (if applicable):** \_\_\_\_\_

YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.



**Medical Information**

**Name of GP:**

**GPs address:**

**GPs telephone number:**

**Known medical conditions:**

**Details of the Referrer**

**Name:**

**Relationship to Service User:**

**Telephone number:**

**Email address:**

Yes, I would like to be kept up to date with information, updates and events from YMCA Sutton Coldfield

No, I would not like to receive marketing updates from YMCA Sutton Coldfield

**For Office Use Only**

<b>Date received:</b>	<b>First contact made:</b>	<b>Meeting arranged for:</b>	<b>Outcome:</b>	<b>Start date:</b>

Please return completed forms to:

**Post**

YMCA Sutton Coldfield  
 Disability Department  
 13 Fosseway Drive  
 B23 5LD

**Email**

[clairejelf@ymcasc.org.uk](mailto:clairejelf@ymcasc.org.uk) OR  
[admin@ymcasc.org.uk](mailto:admin@ymcasc.org.uk)

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