

**Local Area Co-ordination Fife**  
**Self-Referral & Carer Referral Form**  
 (Organisations should use the standard 'Referral Form')

Local Area Co-ordinators aim to work with Older People aged 65 and over to identify services and community-based resources which might help the individual concerned to maintain/retain their ability to live independently. Those seeking to access the service we offer should be aware that we do not carry out any formal assessment of needs and that where this is required this would be undertaken by the relevant organisation with whom we might signpost you to.

**Name & Address of Individual Seeking the Service:**



**If Applicable - Name & Address of Carer Making this Referral:**

**Telephone:**

**Telephone:**

**Has the client agreed to this referral being made:**

**YES/NO**

***Client Information***

**Date of Birth:**

**Gender:**

**Male/Female**

**Preferred method of contact:**

**Telephone/E Mail/Letter**

**Would the client prefer contact to be made:**

**Directly/With a Representative**

**Representative name/contact/relationship details:**

<b>Next of Kin Details: name/relationship/contact</b>	<b>Emergency Contact: name/relationship/contact</b>	<b>Nominated Contact: name/relationship/contact</b>

**Please state briefly the reason for this referral:**

**Please detail what services and community groups are currently being accessed by you/the person hoping to use our service:**

**Please detail any relevant medical history or details the project should be made aware of before contact is made with you/the person hoping to use our project:**

**Please detail what you hope to achieve from being referred to the project:**

**To help ensure the safety & well-being of all concerned, do you/the person being referred give consent that we can contact the nominated person (see 'Nominated Contact') for advice and/or detail of any identifiable risks to self or others including any environmental considerations:**

**YES/NO**

**Signature:**

**Date:**

**Thank You**

**Please return to:**

**The Fife Elderly Forum, LAC Team, Office 1-2, Fraser Buildings, Millie Street,  
Kirkcaldy KY1 2NL**

**E Mail: [info@fife-elderly.org.uk](mailto:info@fife-elderly.org.uk)**

**Data Protection Act 1998**

**Any information given on this form will be securely stored and processed only for the lawful purposes of the Fife Elderly Forum in accordance with the above act**