Dementia Safeguarding Wristband Scheme

Referral form

The Dementia Wristband scheme is a pilot scheme making a wearable wristband available FREE OF CHARGE to residents within the Swindon and Wiltshire area.

If you are a care giver or relative of someone who is living with dementia or is awaiting diagnosis you can request a wearable wristband which stores electronic information about the wearer such as their name and next of kin. The device can be scanned by emergency services, or a person assisting them, if the individual is found out or in distress.

Please complete the below form and email to either office@alzheimerswiltshire.org.uk or admin@carerssupportwiltshire.co.uk. A member of the team will post the wristband to the address you give within 7 days.

As this is currently a pilot, we would ask that you also complete the additional details regarding the wearer of the wristband in order to help us evaluate the effectiveness of the scheme; if the scheme is successful, this data will also be vital in ensuring future funding is committed to continuing the service.

1. If you are completing this referral on behalf of yourself, please tick here [ ]  and continue to **Question 3**
2. If you are completing this form on behalf of someone else, please state whether it is regarding:

 Someone you have a caring responsibility for [ ]  A professional referral [ ]

 Please continue to **Question 3**

1. As the person completing this form, please give your own:

Full name: 

Relationship to the person being referred (if applicable):

Email address: 

Contact phone number: 

Name of organisation (if a professional referral): 

1. Please provide the following details about the intended wearer of the wristband:
2. Is the wearer:

Male [ ]  Female [ ]

Or would they describe themselves in another way (write in gender identity) [ ]  

1. Please choose which age group the wearer is in:

 41-50 years [ ]  51-60 years [ ]  61-70 years [ ]

 71- 80 years [ ]  81-90 years [ ]  91 years plus [ ]

1. Please choose which council area the wearer is resident in:

Swindon [ ]  Wiltshire [ ]

1. Please choose one option that best describes the ethnic group or background of the wearer:

**White**

1. English / Welsh / Scottish / Northern Irish / British [ ]
2. Irish [ ]
3. Gypsy or Irish Traveller [ ]
4. Any other White background, please describe [ ]

**Mixed / Multiple ethnic groups**

1. White and Black Caribbean [ ]
2. White and Black African [ ]
3. White and Asian [ ]
4. Any other Mixed / Multiple ethnic background, please describe [ ]

**Asian / Asian British**

1. Indian [ ]
2. Pakistani [ ]
3. Bangladeshi [ ]
4. Chinese [ ]
5. Any other Asian background, please describe [ ]

**Black / African / Caribbean / Black British**

1. African [ ]
2. Caribbean [ ]
3. Any other Black / African / Caribbean background, please describe [ ]

**Other ethnic group**

1. Arab [ ]
2. Any other ethnic group, please describe [ ]

By completing this form I consent to my information being recorded by Wiltshire Bobby Van Trust for this purpose. If completed by a third party, I confirm that I have obtained consent from the person living with dementia, or I have been granted power of attorney to act on their behalf.