

Referral Form

PLEASE COMPLETE IN BLOCK CAPITALS

Name: _____

Address: _____

_____ Postcode: _____

Phone number: _____

Date of Birth: ____/____/_____

Primary Long Term Condition: _____

Please tick the course(s) you would like to attend;

Managing Your **Long Term Condition** Managing Your **Pain**

Preferred Method of Course Delivery (Please note, for Online delivery via Zoom, you MUST have a laptop computer, iPad/tablet or smart phone, as well as internet access.)

Please tick only one option

Face to Face in a Classroom format

Online Course via Digital Platform : Zoom

No Preference

If you selected 'Face to Face in a Classroom Format' or 'No Preference', please **tick the location(s)** where you can attend;

L/Derry Limavady Strabane Omagh Fermanagh

If you selected 'Online course via Digital Platform : Zoom', can you please answer the following questions by circling 'Yes' or 'No' as appropriate;

Have you used Zoom before? : Yes (have app installed) / No

Do you have a Smart Phone? : Yes / No

Do you have iPad / Tablet / Laptop? : Yes (with mic & Camera/ speakers enabled) / No

Do you have access to WiFi / 4g : Yes / No

What is your E Mail Address : _____

Only complete this section if you are a Referral Agent

Name: _____

Job Title: _____

Contact Phone number: _____

E Mail: _____

Date of Referral: ____/____/____

Please confirm the individual has agreed to have their contact details passed on to the MTC Programme Co-ordinator Yes / No (Please Circle One)

Please send completed Referral Forms to:

Managing the Challenge,
c/o AMH Fermanagh,
7 Cherrymount Road,
Enniskillen
Co Fermanagh

e mail to : mtc@amh.org.uk

For more information telephone 028 6672 0673
