**HELP**

**REQUEST**

**FORM**

**Please complete all relevant sections below Client no.**

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | **First Name:** | | **Surname:** |
| **Address:** | | **D.O.B:** | |
| **Tel:** | |
| **Mobile:** | |
| **Type of accommodation:** | | | |
| **Accommodation access information:** (e.g. buzzer) | | | |
| **Do you have any disabilities or health issues?** If yes, please detail | | | |

|  |  |
| --- | --- |
| **Service Required:**  **Checking you’re safe  Filling in a form  Having a chat/befriending**  **Help with shopping  Library book collection  Light gardening**  **Light technical help  Minor household tasks  Occasional Transport**  **Prescription collection  Sitting service  Walking/feeding your pet**  **Other** (please detail) | |
| **Date Required:** | **Time Required:** |
| **Further Details:** please provide details of what help you need (e.g. transport requirements, prescription collection details) | |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact** | | |
| **Title:** | **Full Name:** | |
| **Address:** | | **Tel:** |
| **Mobile:** |
| **Relation to client:** |

|  |
| --- |
| **How did you hear about this service?** |
| **Referred by/ Self-referral:** |

Please return the completed form to Thame Good Neighbour Scheme, Thame Town Hall, High Street, Thame, OX9 3DP or by email to [info@thamegns.org](mailto:info@thamegns.org).

Once the TGNS Coordinator has received the request form, a suitable volunteer will be matched to your needs and you will be contacted to confirm further arrangements.

If you have any questions about your request, please contact TGNS on **07913 713 452** or **0800 531 6286.**

**Please read Thame Town Council’s Privacy Notice (on behalf of the Thame Good Neighbour Scheme) which is attached and is required to comply with the General Data Protection Regulation which comes into effect from 25 May 2018.**