

	Helping Hands: Request for help form
This support request is being made for:	Name:
If you are requesting help for someone else, please complete your details to the right and complete the rest of the form as if you were the person requesting support	Name: Address: Phone No:
Address:	
Phone number:	
Date of birth:	
Doctor's Surgery:	
Who else lives with you?	
Family members living locally?	
What type of support do you need? (Please tick)	<ul style="list-style-type: none"> <input type="checkbox"/> Shopping (via Knighton and District Community Support) <input type="checkbox"/> Prescription collecting (via Knighton and District Community Support) <input type="checkbox"/> Dog walking <input type="checkbox"/> Posting a letter <input type="checkbox"/> Delivering/returning library books <input type="checkbox"/> A lift to an event taking place at The Comm ie Women's Hour, Drop in, Knighton Flicks and other events at The Comm <input type="checkbox"/> Erecting a fallen fence/or other short term emergency gardening <input type="checkbox"/> Putting out recycling/bins <input type="checkbox"/> Other (please detail):

**Support details
(illness/operation
etc):**

If you have selected help with shopping or prescription collection, please confirm that you are happy for us to refer you to Knighton and District Community Support.

Yes/No

Your private information is very important to us. The information on this form will not be shared with anybody without your agreement. If we feel that somebody could help you, we will ask for your agreement for it to be shared. You can ask us to destroy your records at any time. The Knighton Community Centre holds the data and can be contacted on 01547 428088. Are you in agreement with your information being held?

Signature:

Date: