



Referral or Applicant Information

[This form is also available to download in Word format](#)

This form is to help Sea-Change staff understand why you may be joining the project and any relevant information about your situation and requirements. It will be used solely for this purpose and personal information will not be shared with any other party without agreement.

Full Name

Address

Phone number

Mobile

Email address

Date of birth

if you are under 18 we will give you another form for parental consent.

Next of kin/ emergency contact: please give the name, address and telephone numbers of someone you would like to be contacted in the event of an emergency.

How did you hear about Sea-Change?

What is your current situation, with brief background?

Why are you applying/referring and what would you like to achieve through Sea-Change?

Is there anything else you would like to tell us about your circumstances? E.g. medical/health conditions, prescribed medication, special needs.

Is there someone, other than the emergency contact above, who is involved with your current situation? E.g. social worker or teacher? Please give contact details. If you are referring someone this is where you give your details and relationship with the person.

When are you available? Please give dates, e.g. anytime except:

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Please now email the completed form as an attachment to info@seachangesailingtrust.org.uk