



New Client Application Form

To enjoy our facilities you will need to be able to fulfil the following criteria:

1. Have an Acquired Brain Injury / be a Carer of someone with an Acquired Brain Injury (ABI) applying on their behalf;
2. Be over the age of 18;
3. Live in the catchment area of South Bucks or surrounding areas;
4. Have a funding source;
5. Be able to provide your own transport to and from the Centre*;
6. Be able to carry out your own personal care whilst at Centre ie toileting, medication, feeding, transfers etc.*

*As our staff at Headway South Bucks are unable to carry out personal care or provide transport, many of our clients bring their own carer along. Further information on this is available by contacting the Senior Coordinator using the contact form below.

Your details (if applying on behalf of a potential Client)

Full Name:	
Relationship to potential Client: (please circle)	Client / Agency Carer / Family or Friend / Other
Postal Address:	
Main Phone number:	
Email address:	

HEADWAY

SOUTH BUCKS

REGISTERED AS A COMPANY LIMITED BY GUARANTEE
 NO. 4983790
 REGISTERED OFFICE: BENTINCK HOUSE, BENTINCK ROAD, WEST DRAYTON,
 MIDDLESEX, UB7 7RQ
 DIRECTORS: J. CLARKE, C. JACKSON, M. NEAL, W. CALDWELL
 REGISTERED CHARITY NO. 1102517
 PATRON – STEVE RIDER, SPORTS COMMENTATOR



Potential Client details

Full Name:	
Postal Address:	
Main Phone number:	
Email address:	
Date of birth:	
Nature of ABI:	
Brief background to ABI:	

How did you hear about Headway South Bucks? (please tick relevant box)

Headway South Bucks Website
 Headway UK
 Another Headway branch
 Word-of-mouth
 Other please specify _____

Please send your completed form to:

Confidential: Jenny Sexton – Services Manager
 Headway South Bucks
 Bourne End Community Centre
 Wakeman Road
 Bourne End
 Bucks
 SL8 5SX