**Referral form: Befriending Service**

We are here to support people living in Buckinghamshire who are aged 60+ and experiencing loneliness or social isolation.

**Please note, this service must prioritise people living alone with limited social contact.**

Please ensure all sections are completed, including any risks/concerns for our home visiting service.

Please give as much detail as possible, including information about the individual’s interests, communication issues, memory loss or mental health to help us ensure the person has the most appropriate support for their individual circumstances. These needs will be explored further at assessment stage.

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| **Please confirm that consent is given for:**   * referral to the Befriending Service * personal data to be stored in line with current GDPR regulations * information to be shared with designated volunteer befriender * consent for audit   **WITHOUT THIS CONSENT WE CANNOT PROCESS THIS REFERRAL** | **YES / NO** |

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| **PERSONAL DETAILS** | | | | | | | | | |
| **Title:** |  | **First Name:** | |  | | | **Last Name:** | |  |
| **Address:** | |  | | | | | | | |
|  | | | | | | | |
|  | | | | **Postcode**: | | |  |
| **Telephone No:** | |  | | | | | | | |
| **Alternative No:** | |  | | | | | | | |
| **Email:** | |  | | | | | | | |
| **Preferred contact method:** | |  | | | | | | | |
| **Ethnicity:** | | |  | | **Date of birth:** | | |  | |

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| **How can we get in touch?** | TELEPHONE: | EMAIL: | LETTER: |

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| **REFERRER’S DETAILS** | | | | |
| **Name:** |  | **Referring organisation:** |  | |
| **Phone:** |  | **Email:** |  | |
| **Date of referral:** |  | **Would you like an update on this referral?** | | **YES / NO** |

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| **Doctor’s surgery:** |  |
| **Please let us know about any physical or mental health problems you/they experience, including mobility issues, sight or hearing loss.** | |
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| **Please tell us a little about the current situation and why the Befriending Service may be helpful. *Please be specific and detailed as this helps us to triage the large number of referrals we receive.*** | |
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| **What support are you/they interested in? Please tick all that apply.** | |
| **Volunteer visits in own home** |  |
| **Volunteer chats on the phone** |  |
| **Volunteer contact on Zoom, Skype or Teams** |  |

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| **Please tell us about any risks/ concerns for our home visiting service – e.g. environment, pets, smoking.** |
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| **Agencies currently involved:** | | | | | |
| Social Worker: | Home Carers: | | Day Centre: | | C.P.N: |
| Friend/neighbour support: | | Regular family support/visits: | | Other (please state below): | |
| If yes to any of the above, please give details: | | | | | |

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| --- | --- | --- | --- | --- |
| **Please give details of next of kin or emergency contact** | | | | |
| **Name:** |  | **Telephone:** |  | |
| **Email:** |  | | | |
| **Address:** |  | | | |
| **Relationship to you/the person who would like befriending:** | | |  | |
| **Please confirm that we have the next of kin’s consent to keep their contact details on our database and to contact them if necessary.** | | | | **YES / NO** |

**Please return by:**

* **Email**: [age@ageukbucks.org.uk](mailto:age@ageukbucks.org.uk)
* **Post**: Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, HP19 9HH