**Travel with Confidence Referral Form**

Please provide as much information as possible and send to [travelwithconfidence@ageukleeds.org.uk](mailto:travelwithconfidence@ageukleeds.org.uk)

Please refer to the Age UK Leeds website for referral criteria or the

Travel with Confidence leaflet before submitting a referral

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| **Client Details** | | | | |
| **Full client name:** | | | **DOB:** | |
| **Ethnicity:** | | **Gender:** | | |
| **Address:** | | | | |
| **Tel:** | **Email:** | | | |
| **Referral Details** | | | | |
| **Date of Referral:** | | | |
| **How did you hear about the AUKL Travel with Confidence programme:** | | | |
| **Referrer Details**  Organisation:  Referrer name:  Referrer email:  Referrer telephone: | | | |
| **Consent** Client must have given consent to be referred to the AUKL Travel with Confidence Programme  **Yes  No** | | | |
| **Reasons for referral** | | | |
| **Long term health conditions and disabilities**  *Please use this space to tell us about any disabilities or long-term health conditions. If the client is a wheelchair user they need to be able to move independently in their wheelchair. Please state if they use an electric wheelchair or self-propelling.* | | | |
| **Mobility Equipment**  *Please use this space to tell us about any mobility equipment the client may use* | | | |
| **Sensory impairments**  *Please use this space to tell us about any sensory impairments* | | | |
| **Family/ Carers/ Professionals**  *Please state if there are family members involved in referral or other professionals working with the client. Is there an appointee in place (POA)?* | | | |
| **Risks**  *This programme involves workers and/ volunteers visiting clients in the client home. If the referral is accepted we will complete a full risk assessment but require any details that may assist us in initial conversations or visits. If risks are identified our staff may contact the referrer to discuss in more detail.* | | | |
| **Additional information**  *Please include any other information about the clients’ circumstances that you think might be relevant. Please include any cultural information that may be relevant to the support required.* | | | |

**Next Steps**

1. The referral will be recorded on our Age UK Leeds client database and added to the Travel with Confidence waiting list
2. A member of the Travel with Confidence team will review the referral and contact the referrer if further details are required
3. A member of the Travel with Confidence team will make initial contact with the client and discuss the referral. They will assess whether the referral is appropriate for the programme and agree next steps with the client if it is accepted
4. If the referral is not accepted we will offer information, signposting and external referrals to the client.

**If you have any questions or would like to talk through a referral call on 0113 389 3000**