Once completed please email this form to referrals@ageuknorfolk.org.uk if you have any questions about the service please contact 01603 785223

If you are a professional and have access to the NCAN referral system please upload the form to the NCAN system in preference to sending it via email

Age UK Norfolk can provide Telephone Befriending support for the older people of Norfolk.

Age UK Norfolk’s Befriending team offers a free service for people aged 65 and over who enjoy regular chats on the telephone. Volunteers make a weekly call from their own home or work place with the purpose of helping alleviate loneliness with friendly light conversation.

Whilst our volunteers are carefully selected and trained, they are unable to deal with complex conversations or needs. They do not provide any medical advice, counselling or face to face befriending.

**Privacy notice**

At Age UK Norfolk, we're committed to protecting and respecting privacy. Our Privacy Policy explains how we use and manage data. You can access this via our website: [www.ageuk.org.uk/norfolk/privacy-policy](http://www.ageuk.org.uk/norfolk/privacy-policy). Please ask if you would like a paper copy of this document.

|  |  |
| --- | --- |
| **DATE OF REFERAL** |  |

|  |
| --- |
| **DETAILS OF SERVICE USER** |
| **Title** |  | **Full Name** |  |
| **Date of Birth** |  | **Preferred name** |  |
| **Phone No.** |  | **Mobile No.** |  |
| **Email** |  |
| **Home Address:** |  |

|  |
| --- |
| **Please let us know about anything that may help us provide support any communication barriers or useful information** *E.g. it may take a few minutes to reach the phone to answer it or to hear well on the phone the befriender would need to speak loudly and slowly.*  |
|  |

**Alternative Contact**

We require an alternative contact, preferably who is local, it can be a family member, neighbour or friend who we can call if we have concerns about you or are unable to make contact with you.

We suggest your nominated person/s are informed that we have their details and may call.

|  |
| --- |
| **Alternative contact**  |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | Do they hold LPA for you? | Yes/No |
| Permission to contact if you are unreachable | Yes/No | Discuss health or welfare concerns | Yes/No |

**Only complete if you are making a referral on behalf of someone else**

|  |
| --- |
| **REFERRER’S DETAILS** |
| **Does the service user consent to the referral?***We are unable accept referrals unless permission has been given by the person you are referring.* | Yes | No |
| **Name** |  | **Relationship / organisation** |  |
| **Email:** |  | **Your ref/LAS No.** |  |
| **Telephone:** |  | **Telephone:** |  |

**Please consider suitability for our befriending service before submitting the referral.**

**We are unable to accept anyone with**

* ***High mental health needs/ extreme mood swings or personality changes***
* ***History of aggression, threatening behaviour or inappropriate conversation***
* ***Significant hearing loss/ Speech impediment – They need to be able to hold a conversation over the phone.***

**If you are unsure please contact the team to discuss before you make the referral**

|  |
| --- |
| **Are there mental health conditions/ memory loss issues we would need to be aware of?****If yes please give details** |
| **Are there any risk issues we need to be aware of? If yes please give details**  |
| **Do you have any further information which would be relevant to provide the service?** *Eg any drug or alcohol dependency / inappropriate conversation* |