Once completed please email this form to [referrals@ageuknorfolk.org.uk](mailto:referrals@ageuknorfolk.org.uk) if you have any questions about the service please contact [0300 500 1217](tel:+44300%20500%201217)

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 travelling companionship support for the older people of Norfolk.

Our service matches lonely and isolated older people with a trained volunteer travelling companion. We aim to reduce loneliness amongst lonely and socially isolated older people by helping them to reconnect with their local communities, friends, and family, and to help them to take steps in leaving their homes to use public transport, community transport, and taxis. It will also support them in walking and cycling, and help them to address the barriers they face in going out, such as anxiety and a lack of confidence. Their companion will accompany them on journeys and provide empowering support to enable them to be to able to take the journey alone eventually. This Support is expected to last for 6-8 weeks as our aim is to increase confidence levels and to reduce the anxiety that many older people now experience after such a prolonged period of isolation during the Covid pandemic.

**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:** |  | | | |
| **Type of residence** (care home/ own property / sheltered accommodation) | | |  | |

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| --- |
| **How can Age UK Norfolk Travelling Companionship service help?**  *E.g. To be able to catch the bus to the local shop, to get back out into the community after illness etc* |
|  |
| **Please let us know about anything else that may help us provide support e.g. any mobility issues or aids used, or any communication barriers** |
|  |

**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 Age UK Norfolk 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 to refer has been given by the person you are referring.* | | | | Yes | No |
| **Name** |  | **Relationship / organisation** |  | | |
| **Email:** |  | **Your ref/LAS No.** |  | | |
| **Telephone:** |  | **Telephone:** |  | | |

|  |
| --- |
| **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 to themselves or to others?** |
| **Do you have any further information which would be relevant to provide the service?** *Eg any drug or alcohol dependency / inappropriate conversation* |