 **This Referral form is for the use of Third Party Organisations to make referrals to us**

 **PLEASE EMAIL COMPLETED REFERRAL TO: admin@ageukrbh.org.uk**

**Is the client aware of and do they consent to this referral being made? YES** [ ]  **NO** [ ]

**Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which Age UK Redbridge, Barking & Havering Services would you like to refer to:**

Advice & Information [ ]   Di’s Diamonds –Social & Cultural Activities [ ]

Care Navigation / Social Prescribing [ ]  Befriending [ ]

Dementia Advice (Redbridge) [ ]  Home Support [ ]  Volunteering Opportunities [ ]  Wanstead Activity Centre [ ]

Falls Prevention [ ]  Toe Nail Cutting (only at Ilford Office) [ ]

 Gardening [ ]

Hairdressing [ ]

Digital Champions Programme [ ]  Havering Energy Doctors [ ]

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| --- |
|  Reason for referral:  |

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| Clients First Name (Mr, Mrs, Miss, Ms) :Clients Surname: Date of Birth:Address:Town: Postcode:Telephone Number:Mobile Number: |
| **Please tick ethnicity below and if not listed please state:**  |
| **White British** [ ] **White Irish** [ ] **White African** [ ] **White Caribbean** [ ] **White Other** [ ] **Other(Please State)** [ ]  | **Black African** [ ] **Black Caribbean** [ ] **Black Other**[ ] **Black Mixed** [ ] **White Mixed** [ ]  | **Asian**[ ] **Bangladeshi**[ ] **Indian**[ ] **Pakistani**[ ]  |

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| **REFERRERS DETAILS**Referrers Name: Referring Organisation:Address:Town: Postcode:Telephone Number:Email:  |

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| **Medical Conditions/General State of Health:** **Does the Service User have a preferred contact person? If yes, please answer the questions below**YES [ ]  NO [ ] Name of Contact:What is the relationship to the person being referred?Address:Town: Postcode:Contact Phone Number:Email Address: |

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