 **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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