**Referral form: Befriending Services**

We are here to support people aged 60+ living in Buckinghamshire.

**Our Befriending Service** is aimed at reducing social isolation and supporting older people to engage in activities of their choice, including accessing digital communication and looking at improving wellbeing through gentle activity. **Please note, this service will prioritise people living alone with limited social contact**

**Our BOOST Project** is aimed at older people who are isolated and/or lonely and would like to develop peer-to-peer friendships with those in similar situations, either on a one-to-one basis, or in small groups. The service provides a focused intervention lasting up to 6 months with regular reviews to monitor clients’ progress towards their own specific aims and outcomes.

**Please also include any mobility issues as this will need to be discussed as part of the assessment process.**

Please give as much detail as possible including information about faith and culture, communication issues, memory loss or mental health to help us ensure the person has the most appropriate support for their individual circumstances. These needs will be explored at assessment stage.

**Please also complete the section on environmental aspects or risks that may affect our home visiting service.**

|  |  |
| --- | --- |
| **Please confirm that consent is given for:*** referral to Befriending/Boost
* personal data to be stored in line with current GDPR regulations
* information to be shared with designated volunteer befriender
* consent for audit

**WITHOUT THIS CONSENT WE CANNOT PROCESS THIS REFERRAL** | **YES / NO** |

|  |  |
| --- | --- |
| Title & Last Name:  | First Name:  |
| Address: Postcode:  | Telephone no:  Alternative number:  Email Address: Preferred contact method:  |
| Ethnicity (\*see below):  | Date of birth:  |

**\*Ethnicity.** Please use a code from this list. (Used for statistical purposes only). 1: White UK. 2: Black African. 3: Black Other. 4: Bangladeshi. 5: Mixed White/Asian. 6: Chinese. 7: White Irish. 8: British Black. 9: Indian. 10: Mixed White/Black. 11: Mixed Other. 12: White other. 13: Black Caribbean. 14: Pakistani. 15: Mixed White/African. 16: Any other ethnic group. 17: Withheld.

|  |  |  |
| --- | --- | --- |
| **How can we get in touch?****(Please tick)** | EMAIL |[ ]  LANDLINE |[ ]
|  | MOBILE |[ ]  LETTER |[ ]

|  |
| --- |
| **Agencies currently involved (Please tick and give days where appropriate):** |
| Social Worker:  | Home Carer:  | Regular family support/visits:  |
| C.P.N:  | Meal delivery service:  | Friend/neighbour support:  |
| Day Care Attendance:  | Any other regular support:  |

|  |
| --- |
| **Please describe how you/they are experiencing loneliness and indicate what you think might help. *Please be specific and detailed as this helps us to triage the large number of referrals we receive.*** |
|  |
| **What support are you/they interested in? Please tick all that apply.** |
|  BEFRIENDING: |  BOOST: |
| Home visiting[ ]  | Chats by phone[ ]  | Computer/phone skills[ ]  | Fitness groups/exercise/walking[ ]  | Social groups/clubs[ ]  |

|  |
| --- |
| **Please let us know about any physical or mental health problems you/they experience, including mobility issues. Any sight or hearing loss? *Please add as much detail as possible.*** |
|  |

|  |
| --- |
| **Please tell us about any risks/ concerns for our home visiting service – e.g. environment, pets, smoking. *Please add as much detail as possible.*** |
|  |

|  |
| --- |
| **Please let us know your/their doctor’s details** |
| Name & Surgery:  | Telephone Number:  |

|  |
| --- |
| **Please give details of next of kin or emergency contact** |
| Name:  | Telephone:  |
| Email:  |
| Address:  |
| Their relationship to you/the person who would like befriending:  |
| **Please confirm that we have the next of kin’s consent to keep their contact details on our database and to contact them if necessary.** | YES / NO |

|  |
| --- |
| **Referrer’s details**  |
| Name: Contact details:  | Relationship of referrer to referred person: Referring organisation: Date of referral:  |

**Please return by either**:

* **Post**: Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, HP19 9HH
* **Email**: age@ageukbucks.org.uk