**Referral form: Befriending Plus Scheme**

*We offer a visiting service to those aged 60 years and over, who are lonely and isolated. If there are any concerns regarding the client’s memory, mental health, or hearing problems, please call to discuss before making a referral.*

*PLEASE INCLUDE ANY INFORMATION IMPORTANT TO THE SCHEME AS A HOME VISITING SERVICE*

**About you/the person who would like the service:**

Last name: Mr/Mrs/Miss…………………………………..........................................................................

First Name………………………………................. Date of referral…………….....................................

Address ..................................................................................................................................................

................................................................................................................................................................

Post Code ………………………………..................Tel No .....................................................................

Ethnicity (\*see below)………................................Dob ……………………............................................

**Any other information as to why you/they would like a befriender**

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**About the agencies currently involved (Please tick and give days where appropriate):**

Social Worker …………………….….......................Home Carer ……………………………….............

C.P.N…………………………………........................Meals on Wheels …………………………............

Day Care Attendance…………………….................Family ………………………………………..........

Friends …………………………….….......................Neighbours …………………………………..........

**Please let us know about any health problems you experience**

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**Please let us know your doctor’s details**

Name & Surgery:………………………………………………………………………………………………

Telephone Number:.............................................................................................................................

**Please tell us about next of kin (we cannot accept a referral unless this is completed)**

Name …………………….………............................................................................................................

Address .................................................................................................................................................

...............................................................................................................................................................

Postcode …………….…................................. Their Tel No .…………………………...........................

Their relationship to you/the person who would like befriending …………….….……..........................

Do we have their permission to contact them if necessary? YES NO

**Referrer’s details – please complete the details below.**

**If you are filling in the form for yourself, please just state ‘self’**

Name …………………….………...........................................................................................................

Address/Agency ...................................................................................................................................

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Postcode …………….….....................................Tel No .………………………….................................

**GDPR Regulations Consent: *(Please circle as appropriate)***

* Please confirm that we have your consent to keep your details securely on our YES/NO

computerised system

* How would you prefer us to get in touch EMAIL/LANDLINE/MOBILE/LETTER
* Are you happy for us to get in touch about events which we feel may be of YES/NO

interest/helpful to you?

**\*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.

**Please Return by either**:

* **Post**: Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, HP19 9HH
* **Email**: age@ageukbucks.org.uk
* **Fax: 01296 330783**