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**Referral form: BOOST**

Please complete this form if you/the person being referred is aged 60+ and interested in having short term support to:

* Get out and about, try new activities and meet new people
* Make new connections that last and prevent loneliness or isolation
* Understand what is out there in the community to enjoy
* Keep active and stay independent for longer

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

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

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| **PERSONAL DETAILS** |
| **Title:** |  | **First Name:**  |  | **Last Name:**  |  |
| **Address:** |  |
|  |
|  | **Postcode**:  |  |
| **Telephone No:** |  |
| **Alternative No:** |  |
| **Email:**  |  |
| **Preferred contact method:** |  |
| **Ethnicity:** |  | **Date of birth:** |  |

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| --- | --- | --- | --- |
| **How can we get in touch?**  | TELEPHONE: [ ]  | EMAIL: [ ]  | LETTER: [ ]  |

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| **REFERRER’S DETAILS**  |
| **Name:** |  | **Referring organisation:**  |  |
| **Phone:** |  | **Email:**  |  |
| **Date of referral:**  |  | **Would you like an update on this referral?** | **YES / NO** |

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| **Please let us know about any physical or mental health problems you/they experience, including mobility issues, sight or hearing loss.** |
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| **Please tell us about the current situation and why you/the person being referred would like our support.**  |
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| **Please tell us about your/their interests and what activities you/they would like to try:** |
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| **Is there any other information you would like to share?** |
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| **Please give details of next of kin or emergency contact** |
| **Name:**  |  | **Telephone:**  |  |
| **Email:**  |  |
| **Address:**  |  |
| **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** |

**Please return form to:** boost@ageukbucks.org.uk and we will be in touch as soon as possible.

**Any questions?** Please call our friendly Boost team on **01296 431911**