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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: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](mailto: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**