Camden Community Connectors Referral Form

**Please send this form to:** [**communityconnectors@ageukcamden.org.uk**](mailto:communityconnectors@ageukcamden.org.uk) **¦ Community Connectors, Age UK Camden, Tavis House1- 6 Tavistock Square, London, WC1H 9NA or phone: 0800 161 5716**

|  |  |
| --- | --- |
| Date of referral |  |
| Name of referrer |  |
| Referral organisation |  |
| Telephone number |  |
| Email address |  |
| Relationship with client/how long have you been working with the client? *(If applicable)* |  |

|  |  |
| --- | --- |
| Name of person being referred |  |
| Date of Birth |  |
| Address |  |
| Telephone number (mobile/landline) |  |
| Any other information |  |

|  |  |
| --- | --- |
| Reason for referral |  |
| Any medical/mobility issues |  |
| Do you know of any other services (statutory or voluntary) supporting the individual currently? |  |
| Has the referred person given consent for this referral? | Yes ☐ No ☐  Notes: |
| Are there any identified risks (to self or others) we should be aware of? |  |

**CRITERIA: Camden residents aged 60 years and above**