

**Age UK Enfield, John Jackson Library, 35 Agricola Place, Enfield EN1 IDW. Tel: 020 8375 4120**

**Referral Age UK Enfield Services**

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| Age UK Enfield is a local voluntary sector organisation that provides a variety of support for people aged 50 and over and who are residents of Enfield**.****Age UK Enfield has two bases, as detailed below, for you to obtain the correct support report for your enquiry please follow the guidance below.** **PLEASE SEND ALL REFERRALS TO** **referrals@ageukenfield.org.uk** |

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| **Parker Centre 0208 351 1131** **For all enquiries or referrals regarding Homecare, Day care, Home from Hospital, and care at home services** **Management Details*** Day care Manager: Veronica Doollee
* Home Care Manager: Wunmi Akinyemi
* Head of Care Services: Venetta Hunt

**Homecare:** Personal care and assistance, light housework, and companionship.Chargeable service. 3 hours minimal requirement. **Day care** Parker Centre offers stimulating activities in small group COVID-19 safe settings suitable for people affected by dementia. **MCST**Specific activities for people affected by dementia offered in group and one to one session**Home from Hospital**Working with Alpha Care, Enfield Carer Centre offering support to settle at home and receive support. | **John Jackson Library 0208 375 4120** **For all general enquiries about our services listed below.** **Management Details*** Customer Services Officer - Daniela Sanna
* Information & Advice Manager - Denise Perkins
* Fit for Life Manager - Mark Huggard
* Senior Health & Wellbeing Navigator- Anna Kourdoullou-Iqbal
* Head of Prevention Services - Alison Gordon

**Information & Advice & Advocacy** Advice and support to obtain benefits, manage concerns, later life planning, housing, and health related matters etc.  **Health& Wellbeing Services**Includes: Falls Stop Service (Falls Prevention), Memory Care Navigators, Frailty, Veterans in Enfield Support Project. Memory Club, This Girl Can -Cancer Project  **ICAN Service -** ICAN navigators work together to improve people’s wellbeing. People can be aged over 18, and experiencing Diabetes, Strokes, Dementia, Social Isolation **Fit For Life** a range of physical activities suitable for all abilities including health walks and exercise sessions **For more details of services** [www.ageukenfield.org.uk](http://www.ageukenfield.org.uk)  |

**Referral Form AUKE Services**

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| **Name:**  | **Referral Date:**  |
| **NHS Number (if known)**  |  |
| **Address:** **Postcode:**  | **Email address:**  |
| **Telephone No.**  | **Mobile number:**  |
| **D.O.B**  | **Ethnicity:**  |
| **Gender:**  |  |
| **Housing:** Homeowner  private rental social housing  | **Lives alone: Yes**   **No**  |
| **GP Name:****Address:** **Telephone:** **Fax:****Email address:** **NHS Number:**  | **Next of Kin/ Named Carer:****Name:** **Home Tel: Mobile:** **Email Address:** **Relationship with client:** **Is this the person to contact? Yes/No**  |
|  **Details of referral** |
| **Homecare ****Day care ****IAA ****Falls ****Memory Care ****ICAN ****Fit For Life ****This Girl Can ** | Social Isolation Low mood /anxiety Volunteering  Housing concerns ****Later Life Planning ****Leisure activities   | Welfare Benefits Healthy Lifestyle Bereavement End of Life ****Memory ****Falls  |
| **Any known hazards to lone workers?** *List potential hazards for staff to be aware of e.g., potentially aggressive/dangerous dogs/ isolated property etc.* |    |
| **Reason for referral and any other relevant information:***(E.g., does the person need an interpreter, is their activities of daily living limited, are they disabled, etc.)* *If this person is seeking welfare benefits- if you have details of when their form needs submitting by*  |  |
| **Consent** |
| **Has this referral been discussed with and agreed by the person?** **If yes, do they consent to the sharing of information with other organisations? e.g., Social Care, other organisations** | Yes ☐ No ☐ *(if this is not ticked, the person will not receive the services)* Yes ☐ No ☐  |
| **Referrer Name:**  |  |
| **Date Sent:**  |  |