

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