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| **Community Companions Referral Form** |
| **Date of referral:**  |
| **Title:** | **Full Name:** (KYN1/2) | **DOB:** (KYN3) |
| **Address:** | **Telephone:** **Mobile:****Email:** |
| **Emergency Contact:** |
| **Name of GP Practice:** **Telephone Number:** | **Do they have a background in the Armed Forces?**Yes / No |
| **Ethnicity:**(Pleasehighlight) | White British / White Irish / Other White / Asian Indian / Asian Pakistani / Asian Bangladeshi / Other Asian / Black Caribbean / Black African / Other Black / Chinese / Mixed White and Black Caribbean / Mixed White and Black African / Mixed White and Asian / Other Mixed / Other Ethnic Group |
| **Reason for Referral:** |
| **Are you/they able to leave the house unaided/without support?** Yes / No**On a scale of 1 – 10, how much support is required to leave the home:**1 2 3 4 5 6 7 8 9 10  |
| **Are you/they currently using any mobility aids? If yes, please state:** |
| **Do you/they have any long-term health conditions/disabilities?** YES/NO(If yes, please specify) |
| **If yes, does this disability or illness affect you/they in any of the following areas? Tick all that apply** (KYN35) |
| Mobility Impairment | 🞏 | Blind/Visual impaired | 🞏 |
| Deaf/Hearing Impairment | 🞏 | Learning Disability | 🞏 |
| Neuro-diversity (e.g. ADHD, Autism) | 🞏 | Neurological Condition (Alzheimer’s, Epilepsy) | 🞏 |
| Mental Health Difficulty | 🞏 | Other, please describe | 🞏 |
| Long term health condition, please describe | 🞏 |  |  |
| Dexterity | 🞏 | Memory | 🞏 |
| Stamina/breathing/fatigue | 🞏 | Prefer not to say | 🞏 |
| **Do you/they have any physical or mental health problems or disabilities that have lasted, or are expected to last 12 months or more?** (KYN33) |  |
| Yes | 🞏 | No | 🞏 |
| Prefer not to say | 🞏 |  |  |
| **Does your/their condition(s) or illness(es) reduce your ability to carry out day-to-day activities?** (KYN34) |
| Yes, a lot | 🞏 | Yes, a little | 🞏 |
| No | 🞏 | Prefer not to say | 🞏 |
| **Is the home suitable for Volunteers to attend?** | **Is there anything in the home to be aware of?**(large dogs, smoker, hoarder) |
| **Who else lives in your/their household**? |
| Client only | 🞏 | Living with another person/other people | 🞏 |
| Prefer not to say | 🞏 |  |  |
| **Which of the following describes your/their current situation?** |
| Employed/Self employed | 🞏 | Not working/Looking for work | 🞏 |
| Retired | 🞏 | Not working and not looking for work | 🞏 |
| Prefer not to say | 🞏 |  |  |
| **What is your/their marital or partnership status?** |
| Married or in a civil partnership | 🞏 | Never married/in a civil partnership | 🞏 |
| Divorced | 🞏 | Widowed | 🞏 |
| Widowed | 🞏 | Separated, but still legally married/in a legally recognised civil partnership | 🞏 |
| Prefer not to say | 🞏 |  |  |
| **Are you/they a carer?** |
| Yes | 🞏 | No | 🞏 |
| Prefer not to say | 🞏 |  |  |
| **Do you/they have access to a car when needed (either a passenger or a driver)?** |
| Yes | 🞏 | No | 🞏 |
| Prefer not to say | 🞏 |  |  |
| **Are there any safeguarding concerns we need to be made aware of?**Yes / No**Further Details:** |
| **Any other information:** |
| **Client Consent:****Do you give consent to Age UK Hull holding your details and contacting you or the referring organisation when it may be relevant to your needs:** YES / NO (verbal / written)**Do you give consent to Age UK, the national body, viewing your file for quality checking:**YES / NO (verbal / written)**Name: …………………………………………………….. Signed:…………………………………………….****If the client is unable to provide consent, have you read all the information being provided upon the referral form to the client?** YES / NO**Do you have consent from the individual named above to make this referral?** YES / NO**Name: …………………………………………………….. Signed:…………………………………………….****Referring Organisation: …………………………………………………………..****Email: …………………………………………………………….. Tel: ………………………………………………..** |
| **Email referral form to:** referral@ageukhull.org.ukTel: 01482 324644Age UK Hull, Silvester House, Silvester Street, The Maltings, Hull HU1 3HAAge UK Hull is a registered charity, number 1101418Further details of our Privacy Policy can be seen on our website www.ageuk.org.uk/hull |

Please return to referral@ageukhull.org.uk

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