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| A logo with text on it  Description automatically generated**Good Neighbour Referral Form** | | | |
| **Date of referral:**  **Please note: This is not a regular arrangement or visit** | | | |
| **Title:** | **Full Name:** | **Ethnicity:** | **DOB:** |
| **Address:** | | **Telephone:**  **Mobile:**  **Email:** | |
| **Do you have any long-term health conditions/disabilities that we need to be aware of?**  (If yes, please specify) | | **Are you a smoker?** Yes / No  **Do you have any pets?** Yes / No  (If yes, please specify) | |
| **Please state what service or task you require and when:** | | | |
| **Are there any safeguarding concerns relating to this client that we need to be aware of?**  Yes / No  Further Details:  **Emergency Contacts: (PLEASE ENSURE THAT THIS SECTION IS COMPLETED)**  In the event of an emergency, or if we are unable to contact you, we may need to telephone an emergency contact or appropriate services to check on your safety and welfare.  Name: Name:  Relation to client: Relation to client:  Telephone: Telephone:  Address: Address: | | | |
| **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)  **From time to time, we may like to contact you, please let us know which of the following you would be happy to receive and how you would like us to contact you:**  Information on donations and legacies  Information on our services, events and promotions, including our Christmas Shoe Box Hampers  Charity Newsletter  I do not wish to hear from you  Post  Email  E-mail address:  Telephone  Name: …………………………………………… Signed:……………………………………………. | | | |
| **If the referral has not been completed by the client:**  **If the client is unable to provide consent, have you read all the information provided upon the referral form to the client?** YES/NO  **Referral completed by:**  Name:  Telephone: Email:  Organisation/Role (if applicable):  Signed: | | | |

Please return to [referral@ageukhull.org.uk](mailto:referral@ageukhull.org.uk)

350 Preston Road, Hull, HU9 5HH – 01482 324644

Further details on our privacy policy can be found on our website

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