**REFERRAL FORM**

**CRITERIA: Lewisham residents 18 years and above who are isolated/lonely or have low mood**

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| **What we do :** | **What we don’t do :** |
| For clients:   * Sign post and refer to **community services** that support wellbeing * Where available source escorts/volunteers/ befrienders from community services * Direct to relevant benefit or housing advice services   For organisations:   * Support voluntary/community organisations to increase provision * Run referral surgeries for your organisation | * We do not provide carers or personal assistants * We do not provide personal care or domestic support * Clients who need personal care will need a PA to access support services * We cannot provide befriending services to clients who are currently misusing drink or drugs or who have a history of violence |

**Contact details of person requiring support:**

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB:** |  |
| **Address:** |  |
| **Contact number:** |  |

**Name, contact details and organisation of person making the referral**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Who to feedback to including email:** |  |
| **Date of referral:** |  |

**What are the person’s medical conditions?**

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| --- | --- |
| Mental health: | If they have self-care or mobility difficulties, have they also been referred to Adult Social Care towards getting a carer? Yes ☐ No ☐ |
| Substance use: |
| Learning difficulties: |
| Physical health: |

**To prevent follow-up requests, please provide detailed information:**

**What support is the person currently receiving? Name of person(s) providing support?**

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| *Is the supporting service aware of this referral?*  **Yes No □** |

**Reason for referral**

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|  |

**Known risks to the staff member associated with the referral, eg. History of aggression**

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|  |

**Has the referred person given consent for this referral? (or a family member?) Yes □**

**HOW TO REFER:**

**Email:** [**communityconnections@ageuklands.org.uk**](mailto:communityconnections@ageuklands.org.uk)

**OR: communityconnectionsGCSX@lewisham.gcsx.gov.uk**

**Telephone: 020 8314 3244 FAX: 020 8314 3089**

**POST: Community Connections, Second Floor, Laurence House, Catford Road, London SE6 4RU**

Data Protection Act 1998 - Statement:

Information collected on this form will be used and processed by the Community Connections project only for the purposes registered under the Data Protection Act 1998 (‘The Act’)

Where appropriate, and in line with The Act and or other legislation, we will from time to time share information collected with other relevant partners to ensure that the client needs are met. Our partners are obliged to keep your details securely, and use them only to fulfil a service.