Age UK Norfolk’s Telephone Befriending is a free service for people aged 60 and over who enjoy a regular chat on the telephone. Volunteers make a weekly call from their own home with the purpose of helping alleviate loneliness with friendly light conversation.

Whilst our volunteers are carefully selected and trained, they are unable to deal with complex conversations or needs. They do not provide any medical advice, counselling or face to face befriending.

Please fully complete this form alongside the person being referred. All information supplied will be treated as confidential.

**Privacy notice**

At Age UK Norfolk, we're committed to protecting and respecting privacy. Our Privacy Policy explains how we use and manage data. You can access this via our website: [www.ageuk.org.uk/norfolk/privacy-policy](http://www.ageuk.org.uk/norfolk/privacy-policy). We also have a Privacy Statement for our Telephone Befriending Service. Please ask if you would like a paper copy of either of these documents.

**Section A – Referrer Details**

If you are self-referring please go to Section B

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | | | | | |
| **Name:** |  | | **Email:** |  | | | |
| **Telephone:** |  | | **Mobile:** |  | | | |
| **Organisation/**  **Relationship:** |  | | **Job Title:** |  | | | |
| **Referrer signature:** | |  | | | **Date:** |  | |
| **Does the person consent to the referral?**  *We are unable accept referrals unless permission to refer and pass on information has been given by the person you are referring.* | | | | **Yes** | | | **No** |
| **Please consider suitability for Telephone Befriending** | | | | **Comment:** | | | |
| Do they have hearing loss which could make a conversation on the telephone difficult to clearly hear? | | | |  | | | |
| Do they have high level mental health needs or are they receiving treatment or clinical support? | | | |  | | | |
| Do they experience extreme mood swings or personality changes that could make the call challenging for a volunteer? | | | |  | | | |
| Do they have a history of aggression, inappropriate conversation or threatening behaviour? | | | |  | | | |
| Do they have dementia or issues with memory loss? We would not wish calls to cause any distress. | | | |  | | | |
| Do they have a drug or alcohol problem and are still receiving treatment? | | | |  | | | |
| Are they difficult to get hold of by telephone on a regular basis, from a withheld number? | | | |  | | | |
| **Please give the reason for referral and supply any further details that may help Age UK Norfolk provide the Telephone Befriending Service to the person you are referring.** | | | | | | | |
|  | | | | | | | |

If the answer is ‘yes’ to any of the above or there are any concerns, the individual may not be suitable for the service Age UK Norfolk offers. Please telephone the team on 01603 785 223 to discuss in confidence.

**Section B – Member Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF MEMBER** | | | |
| **First name:** |  | **Surname:** |  |
| **Preferred name:** |  | **Date of birth:** |  |
| **Telephone No.(s):** |  | **Email:** |  |
| **Address:** |  | | |

|  |  |
| --- | --- |
| **Interests** | **Comments:** |
| What do you like to watch on television? (programmes or films) |  |
| What books, newspapers or magazines do you read? Or authors that you like? |  |
| What kind of music, bands or songs do you like? Or radio stations? |  |
| What other hobbies or interests do you have?  Or activities you take part in? |  |

|  |  |
| --- | --- |
| **Doctors details** | |
| **GP’s name:** |  |
| **GP surgery:** |  |

We require an alternative contact (e.g. family member, neighbour, friend) who will know where you are if we are unable to make contact with you or we are concerned about your health or welfare. If possible please put at least one alternative contact who is local to you. If you have anyone appointed as your attorney and they have Lasting Power of Attorney for you please let us know this. If we had serious concerns for your safety this would be a safeguarding issue and would be dealt with appropriately in accordance with our guidelines. The information maybe shared internally if you are active with another service we offer.

Please ensure the nominated person/s are informed that Age UK Norfolk have their details and may call.

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred 1st Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | Do they hold LPA for you? | Yes/No |
| Permission to contact if you are unreachable | Yes/No | Discuss health or welfare concerns | Yes/No |
| **2nd Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | Do they hold LPA for you? | Yes/No |
| Permission to contact if you are unreachable | Yes/No | Discuss health or welfare concerns | Yes/No |

**Member Signature ………………………………………. Date……………………………**

**Please send completed form to:** [befriending@ageuknorfolk.org.uk](mailto:befriending@ageuknorfolk.org.uk)

Or post to: Telephone Befriending Service, Age UK Norfolk, 7 The Elms, St Faith's Rd, Norwich NR6 7BP or call with any queries 01603 785 223

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***AGE UK NORFOLK OFFICE USE*** | ***Completed by telephone:*** | ***Date:*** |  | ***Initials:*** |  |
| *Requirements* |  | | | | |
| *Availability* |  | | | | |
| ***Consent gained by telephone:*** | | | | | |
| *I understand the role of Telephone Befriending and I am happy to receive the service* | | | | *Yes* | *No* |
| *I consent to my personal information being held securely by Age UK Norfolk* | | | | *Yes* | *No* |
| *I consent to my personal information being given to a Telephone Befriending Volunteer* | | | | *Yes* | *No* |
| *Member Email Address:* | | | *CL Ref:* |  | |