Age UK Norfolk can provide travelling companionship support for the older people of Norfolk.

Our service matches lonely and isolated older people with a trained volunteer travelling companion. We aim to reduce loneliness amongst lonely and socially isolated older people by helping them to reconnect with their local communities, friends, and family, and to help them to take steps in leaving their homes to use public transport, community transport, and taxis. It will also support them in walking and cycling, and help them to address the barriers they face in going out, such as anxiety and a lack of confidence. Their companion will accompany them on journeys and provide empowering support to enable them to be to able to take the journey alone eventually. This Support is expected to last for 6-8 weeks as our aim is to increase confidence levels and to reduce the anxiety that many older people now experience after such a prolonged period of isolation during the Covid pandemic.  
  
We offer this service across the whole of Norfolk

**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:** |  | |
| **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 give the reason for the referral and supply any further details that may help Age UK Norfolk provide the Travelling Companionship Service to the person you are referring.** | | | | |
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**Section B – Member Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF MEMBER** | | | |
| **Title & first name:**  **Mr Mrs Ms Miss:** |  | **Surname:** |  |
| **Preferred name:** |  | **Date of birth:** |  |
| **Telephone No.(s):** |  | **Email:** |  |
| **Address:** |  | | |

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| **Goals – What would you like to achieve from the Travelling Companionship service?** *E.g. I would like to be able to catch the bus to my local shop* |
|  |

We require an alternative contact for you, it can be a family member, neighbour or friend who will know where you are if we are unable to contact you or concerned about your health or welfare. If possible, please add at least one alternative contact who is local to you.

We suggest you 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 |

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