Age UK Norfolk’s Befriending team offers a free service for people aged 65 and over who enjoy regular chats on the telephone. Volunteers make a weekly call from their own home or work place 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 confidentially.

**Privacy notice**

At Age UK Norfolk, we're committed to protecting and respecting privacy. Our Privacy Policy explains how we use and manage your 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 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 our Befriending service** | | | | **Comment:** | | | |
| Do they have hearing loss or speech impediment which could make conversations on the telephone difficult? | | | |  | | | |
| 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 any significant memory loss issues? 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 the referral and supply any further details that may help Age UK Norfolk provide the 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** | | | |
| **Title & first name:**  **Mr Mrs Ms Miss:** |  | **Surname:** |  |
| **Preferred name:** |  | **Date of birth:** |  |
| **Telephone No.(s):** |  | **Email:** |  |
| **Address:** |  | | |

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| --- |
| **GP Surgery Details** |
|  |

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.

If you have a Lasting Power of Attorney in place, please let us know your attorneys details.

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 in Norfolk? | 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 in Norfolk? | 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: 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* |  | | | | |
| *Would you be interested in doing video calling if it was an option?* |  | | | | |
| ***Consent gained by telephone:*** | | | | | |
| *I understand the role of 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 Befriending Volunteer* | | | | *Yes* | *No* |
| *Member Email Address:* | | | *CL Ref:* |  | |