**Age UK Norfolk’s Companionship Team**

We provide several services under our companionship umbrella for people aged 50+ living in Norfolk, please complete this referral form and email or call the appropriate service, our team can assess your needs and determine which of our services would be most appropriate based on individual needs, ensuring a supportive and engaging experience. We suggest you look at our website for more detailed information about each service [Age UK Norfolk - Making Norfolk A Great Place To Grow Older](https://www.ageuk.org.uk/norfolk/)

**Gift of Friendship project**- [befriending@ageuknorfolk.org.uk](mailto:befriending@ageuknorfolk.org.uk) or call 01603 785223

takes a proactive, goal-oriented approach to helping individuals reduce loneliness and social isolation, this can be through any of the three strands below

* **Face-to-Face Befriending:** This service fosters meaningful connections through friendly visits, whether at a person’s home or care facility. Our volunteers provide companionship and support to help individuals achieve their personal goals.
* **Telephone Befriending:** For those who prefer or require remote support, our goal-oriented telephone befriending service offers regular conversations to build connection and encourage personal growth.
* **Age UK National telephone Befriending:** A similar service to our telephone befriending service and available if we do not have capacity.

**Travel Companionship Service-** [travellingcompanionship@ageuknorfolk.org.uk](mailto:travellingcompanionship@ageuknorfolk.org.uk) or call 01603785210

Available in select areas across Norfolk (check our website for current availability). We help reduce loneliness and social isolation by supporting individuals to reconnect with their community, friends, and family. Our service assists clients in overcoming barriers like anxiety and low confidence, whilst supporting on journeys via public transport, community transport, taxis, walking, or cycling.

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| **DATE OF REFERAL** |  |

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| **REFERRER’S DETAILS** | | | | | |
| **Does the service user consent to the referral?**  *We are unable accept referrals unless permission to refer has been given by the person you are referring.* | | | | Yes | No |
| **Name:** |  | **Relationship / organisation:** |  | | |
| **Email:** |  | **Your ref/LAS No:** |  | | |
| **Telephone:** |  | **Telephone:** |  | | |

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| --- | --- | --- | --- | --- |
| **DETAILS OF SERVICE USER** | | | | |
| **Title:** |  | **Full Name:** | |  |
| **Date of Birth:** |  | **Preferred name:** | |  |
| **Phone No:** |  | **Mobile No:** | |  |
| **NI No:** |  | **Email:** | |  |
| **Home Address:** |  | | | |
| **Type of residence** (care home/ own property / sheltered accommodation) | | |  | |
| **Please consider suitability for our service, we may need to explore further if we have concerns.** | | | **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? | | |  | |
| Who does the service user live with? | | |  | |

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| **Please indicate any potential risks, including:**   * **Concerns relating to the individual’s safety or that of others** * **Risks associated with the property (e.g. hoarding, presence of pets, or other environmental factors)** |
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| **Please provide the reason for the referral, the specific service you are interested in and any relevant details that could assist Age UK Norfolk in delivering a service in the most meaningful and appropriate way for the person being referred (e.g. mobility issues that should be considered for Travel companionship)** |
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**Alternative Contact**

We require an alternative contact, preferably who is local, it can be a family member, neighbour or friend who we can call if we have concerns about the service user or are unable to make contact with them. We suggest the nominated person/s are informed that Age UK Norfolk have their details and may call.

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| **Next of Kin / Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | | |
| Permission to contact if you are unreachable? | Yes/No | Discuss health or welfare concerns? | Yes/No |

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| **Details of any care being provided** | | | |
| Care Agency Name: |  | Phone: |  |
| Frequency of care: |  | | |

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| **Any other friends or family who provide support** | | | |
| Title: |  | Name: |  |
| Phone: |  | Relationship to service user: |  |
| Address: |  | | |
| Has the service user given permission for them to be contacted? | Yes/No | Do they hold LPA? | Yes/No |
| What support are they providing? |  | | |