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| --- | --- |
| **Name of Referrer** |  |
| **Organisation** |  |
| **Date of Referral** |  |
| **Contact Email Address** |  |
| **Contact Telephone Number** |  |
| **Has the individual consented to be referred to Warm & Wise?**(Yes/No and additional comments) |  |

**Individual Being Referred Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone Number(s)** |  |
| **Email Address** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Best Time to Contact** |  |
| **Preferred Method of Contact** |  |
| **Does the individual have any additional needs relating to e.g. health, communication, neurodiversity?** |  |

**Alternative Contact Person (If required)**

|  |  |
| --- | --- |
| **Name and Contact Number** |  |

**Risk Assessment** (please detail anything that Age UK Notts needs to know prior to visiting the person at home so that we can ensure the health and safety of our lone workers)

|  |  |
| --- | --- |
| **Smokers In the House?** |  |
| **Pets In the House?** |   |
| **Any Known Safeguarding Issues?** |  |
| **Any other known risks, please give more detail?** |  |

**Accommodation Detail**

|  |  |
| --- | --- |
| **Tenure?** |  |
| **Property Type?** |  |
| **How Many People in Household?** |  |
| **How Many Bedrooms?** |  |

|  |  |
| --- | --- |
| **Reason for referral to Warm & Wise (please specify any specific concerns)** |  |

**Please return via email to:** warmandwise@ageuknotts.org.uk

**Should you require assistance or have any questions, please call:**

**0115 8599 209**