



**Age UK Oldham – Befriending Services Referral**

Visiting Service       In - Touch Telephone Service

Name:..... Date of Birth: .....

Address  
.....  
.....

Tel No:.....

Contact/ Next of kin: .....  
(Relative / Next of Kin / Friend / Social Worker etc)

Address:.....  
.....Tel No: .....

G.P..... Tel No: .....

Nature of clients illness / disability: .....  
.....  
.....

Brief family and social history e.g. employment, leisure interests, recent bereavements etc:  
.....  
.....  
.....

Any other relevant information.....  
.....  
.....  
.....

Current network of support i.e. family / friends, warden, meals on wheels, community nurses, private agencies, laundry, other:

AM

PM

MON

TUE

WED

THU

FRI

SAT

SUN

Why does a service need to be considered? .....

.....

Any other comments: .....

.....

.....

**Pease ensure that the client has been contacted, the scheme has been explained fully and their consent has been given for a visitor to be introduced.**

*The information we hold about you is used to find a suitable visitor for you.  
Your information may be shared with other Age UK Oldham employees/volunteers as appropriate. Your information will be held for two weeks after you stop using the service*

Referred by (print name): \_\_\_\_\_ Tel No: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
Volunteer Services Co-ordinator, Age UK Oldham, 10 Church Lane, Oldham, OL1 3AN

Office use:  
Date received: \_\_\_\_\_ Date of commencement:: \_\_\_\_\_