**
CAP Referral form**

Client Consent for this referral must be obtained

**Self-referral o**

**Referral by family member/friend** **o**

**Referral by other service provider**  **o**

**Referrer’s details (if not self-referral)**

|  |  |
| --- | --- |
| **Name:** | **Job title:** |
| **Agency and address:** |
| **Postcode:** | **Tel no:**  |
| **E-mail:**  | **Date of referral:** |

|  |
| --- |
| **Outline of Clients issue:**  |

**Personal details of the person being referred**

|  |  |
| --- | --- |
| **Full name:**  | **Mr/Mrs/Miss/Ms/Other** |
| **Known as:**  | **o Male o Female** |
| **Date of birth:** | **Age:** | **Carer: Yes No** |
| **Address (Permanent/Temporary):** **What type of accommodation (own home, sheltered housing etc):** |
| **Postcode:** | **Tel no:** |
| **Mobile:**  |
| **E-mail:** |
| **Cultural/ethnic origin (ask the person/family):**  |
| **Religion:** |
| **First language:** |
| **Specialist communication needs and preferred method of communication:** |
| **Marital Status:** **Single o Married o Civil partnership o Widowed o Divorced o Separated o** |
| **Does the person live alone? Yes o No o** |
| **Other people in household:** |
| **About the person’s hobbies and interests (details are helpful)** |
| **Does the person have a risk assessment in place? Yes o Noo** If yes, we must have access to this**.** Please share at point of referral. |
| **Does the person have a preference on the gender of the volunteer?** Yes **o**  No **o** If yes please state which: |

**GP details in case of emergency**

|  |  |
| --- | --- |
| **Name:** | **Tel no:** |
| **Address:**  |

**Details of any health issues (e.g. other relevant medical conditions or mobility problems)**

|  |
| --- |
|  |

**Other agencies involved and contact details if available**

|  |
| --- |
|  |

**Do you consent to Age Cymru collecting and storing your personal information Yes No**

**Your details will be held on a secure database and will not be passed onto any third parties unless required to by law.**

**You can unsubscribe at any time by calling 029 2043 1555, emailing** **unsubscribe@agecymru.org.uk** **or by ticking   Yes**

**Please return to:** **CAPassist@agecymru.org.uk**

**Thank you for the referral we will be in touch over the next 5 working days.**

Age Cymru is a registered charity 1128436. Company limited by guarantee and registered in Wales

and England 6837284. Registered office address Ground Floor, Mariners House, Trident Court,

East Moors Road, Cardiff CF24 5TD. © Age Cymru 2024