

ENGAGE WITH AGE - REFERRAL FORM

Date _____

Date recd _____

Details of person you are referring to Engage with Age

Name _____

Date of Birth _____ Age _____

Address _____

Postcode _____ Tel No _____ Mobile No _____

Is this person caring for anyone? _____

Referred by:

Name _____ Telephone number _____

Job Title _____ Mobile _____

Organisation _____

Address _____

Postcode _____ Email address _____

Reason for referral of this person to Engage with Age (please tick all options that apply)

- Loneliness or isolation Other _____
- Lack of confidence
- Person was unhappy at a day centre or other service and requires alternative support
- Lack of appropriate support in the person's locality
- Person referred needs additional support to that currently provided

Current level of support received (please tick all received)

- Support from family members - Daily Weekly Less often None
- Support from friend of a similar age - Daily Weekly Less often None
- Support from neighbour/s - Daily Weekly Less often None
- Support from Church members - Weekly Less often None
- Support from a local community group - Weekly Less often None
- Support from other organisation - Weekly Less often None
- Person attends an older persons group - Weekly Less often None

General health (please state any illness or disability that might affect ability to participate in activities)

Any additional information that may be helpful to us in placing this person with a group / activities

Transport

Person is willing to use public transport to attend activities

Person requires transport to attend activities

Person has own transport and will use this to attend activities

Person has friends or relative who will transport him/her to activities

Mobility

Person uses walking stick Person uses rollator Person uses other walking aid

Person has difficulty in walking at all Person uses a wheelchair

Availability

What days / times would the person be available to attend activities (please tick boxes)

Monday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>
Tuesday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>
Wednesday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>
Thursday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>
Friday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>

Engage with Age aims to encourage people over 50 years old to become involved socially in local community groups, clubs and projects. Is this something that may be of interest to the recipient? (see attached criteria) The groups may have a small weekly fee, often £1 to £2 which helps pay for light refreshments and expenses.

Yes No

If yes, please tell us the type of activities the person may be interested in

Referral should not be made without prior consultation with the proposed recipient

Please indicate whether the recipient has given permission for this referral.

Yes No Signature of referring Agent _____

Referrals for Engage with Age should be returned to:

Engage With Age, East Belfast Network Centre, 55 Templemore Avenue, Belfast BT5 4FP
Tel No: 028 90 735 696 Email: info@engagewithage.org.uk