

**ENGAGE WITH AGE REFERRAL FORM**

**Referral No.** \_\_\_\_\_\_\_\_\_ **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 circle/ underline 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*** *(please tick/ underline)*

* **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*** *(please detail)*

***Availability***

**What days / times would the person be available to attend activities** *(please circle/ underline)*

**Monday morning afternoon**

**Tuesday morning afternoon**

**Wednesday morning afternoon**

**Thursday morning afternoon**

**Friday morning afternoon**

***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.***

**Is the person agreeable to this type of activity? Please circle: 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 9073 5696 Email: befriending@engagewithage.org.uk**

**FOR ENGAGE WITH AGE STAFF**

Please complete information regarding what follow up has taken place

Staff member name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write a summary of the follow-up in the box below:

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| --- |
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