ENGAGE WITH AGE REFERRAL FORM

For individuals/ older people

Date: **Date received:**

Details of person you are referring to Engage with Age:

Name:

Address:

Telephone Number: **Mobile No:**

Date of Birth: **Age:**

Is this person caring for anyone?

Emergency Contact Name and Number:

Relationship to Client:

Reason for referral of this person to Engage with Age *(please tick/highlight 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 ☐

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

Additional information *(that may be helpful in placing this person with a group/ activities/ phone befriending)*

Is there any other information Engage with Age should be made aware of?

Current level of support received *(please circle / underline all received)*

From family members	Daily	Weekly	Less often	None
From friend of a similar age	Daily	Weekly	Less often	None
From neighbour/s	Daily	Weekly	Less often	None
From Church members	Daily	Weekly	Less often	None
From community /older person's group	Daily	Weekly	Less often	None
Support from other organisation	Daily	Weekly	Less often	None

Transport *(please tick / highlight)*

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 tick / highlight)*

Person uses walking stick Person uses rollator Person uses other walking aid ☐
Person had difficulty walking ☐
Person uses a wheelchair ☐

Engage with Age requires participants to be able to make their own way to activities and not to require additional support.

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 below the type of activities the person is interested in:*

Referred by:

Name | **Organisation:**

Job Title | **Tel number :**

Email Address:

Please indicate whether the recipient has given permission for this referral: Yes ☐ **No** ☐

Signature of referring Agent

If you have any questions please contact us on 028 9073 5696 / 07423 702721 or befriending@engagewithage.org.uk

Please return completed form via post or email:

Engage With Age, East Belfast Network Centre, 55 Templemore Avenue, Belfast BT5 4FP

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, including dates and contact details for others involved in the referral process: