

COMMUNITY CONNECTORS REFERRAL FORM

The British Red Cross Community Connectors service provides up to 12 weeks of person-centre support to someone experiencing loneliness or social isolation. The focus is on helping each person to connect to their community, by building their confidence and sense of identity and purpose. Support is tailored to a person's specific needs, depending on their experience of feeling lonely or isolated.

For more information see redcross.org.uk/lonely.

Email:

Telephone:

Has the person agreed to their personal data being passed to British Red Cross? <u>If no, permission must be sought in order to proceed</u>	Yes	No
---	-----	----

REFERRER DETAILS

Date of Referral:	Email:
Name of Referrer:	Position/Title:
Organisation:	Contact number:

PERSON'S INFORMATION

Name:	BRM Number: <small>(Internal use only)</small>	
Gender:	Date of Birth:	
Email:	Ethnicity:	
Address:		
Telephone:		
Next of Kin:	Relationship:	
Telephone No:		
GP:	GP Address:	
GP Telephone:		
Does the person live alone?	Yes	No
Details:		

Any health / welfare issues? <small>(Only brief detail to support initial risk assessment)</small>	Yes	No	Details:
Any known risk factors? <small>(i.e behaviours/alcohol/substance misuse)</small>	Yes	No	Details:
Lone working risk?	Yes	No	Details:
Other agencies engaged?	Yes	No	Details:
Does the person have any communication needs?	Yes	No	Details:
Does the person have any views or diversity needs?	Yes	No	Details:

Reason for referral & required outcome:-

Form Completed by:

Date: