Ageing Well Southwark Referral Form

Ageing Well Southwark
Support For Seniors & Carers

Ageing Well Southwark helps Southwark residents aged 60+ to:
Meet new people • Try new activities • Access practical support • Improve their wellbeing

We provide short term support to support older people to help them identify and access community services. These services are provided by COPSINS partners through the Ageing Well Southwark Partnership.

Client Details		
First name: …	Surname: …	Title: …
Preferred name: …	Date of Birth: …	
Address: …	Postcode: …	
Main Contact Number: …	Alternative Number: …	
Email Address: …	Preferred Method of Contact: Please select	
Gender: …	Ethnicity: Please select	
GP Surgery: …	Do you have a diagnosis of dementia or memory loss? Yes ☐ No ☐ Awaiting assessment from Memory Clinic ☐	
Housebound? Yes ☐ No ☐ Need support to leave the house ☐		
Live alone? Yes ☐ No ☐	Care for someone? Yes ☐ No ☐	
Any existing support? Eg care support, support with a claim Yes ☐ No ☐ Unknown ☐ If yes, from where: ….		
Upcoming deadlines for the support you need (e.g. Benefits application deadline) Yes ☐ No ☐ If yes, what date: … What is the deadline for: …		
Anything in the home to be aware of if we need to complete a home visit: (Eg pets, smoker, drug or alcohol misuse, other risk factors) …		
Any disabilities or physical or mental health conditions that need to be considered as part of the referral: Yes ☐ No ☐ If yes, please provide details: …		

Next of Kin / Emergency Contact Details		
First name: …	Surname: …	Title: …
Telephone number: …	Email Address: …	
Relationship to client: …		
Who to contact to discuss referral		
Client: ☐	NOK / Emergency Contact: ☐	

Referrer Details – if you are self-referring tick here ☐	
Referrer Name: …	Job title: …
Referrer Organisation: …	Referrer telephone number / Email: …
Date of referral: Click or tap to enter a date.	

Working in partnership

I would like support with:

Health	
Falls prevention exercises	☐
Support with accessing care in the community	☐
Toenail cutting	☐

Home	
Handyperson service	☐
Help with reporting disrepair issues	☐
Advice on housing rights and options	☐

Money	
Benefit queries	☐
Grant applications	☐

Social	
Accessing transport	☐
Befriending	☐
Digital support	☐
Groups and activities	☐
Volunteering	☐

Your Data	
By providing information on this form, you acknowledge that it will be processed by the COPSINS partners, on the lawful basis of their legitimate interests, for the purpose of managing and delivering appropriate services and support.	
Please tick here to confirm the statement below has been read to and agreed by the person being referred	☐

Please return completed forms to:
Email: hello@ageingwellsouthwark.org

Or you can drop off a completed form at any of our partner locations:

- Age UK Lewisham and Southwark
- Blackfriars Settlement
- Link Age Southwark
- Southwark Pensioners Centre
- Time and Talents

For information on how your personal data is used, shared and your data protection rights, please see the relevant Privacy Notice for the organisation(s) involved in delivering your support. Details are available on the Ageing Well Southwark website: www.ageingwellsouthwark.org/data-processing-notice