REFERRAL FORM

Ageing Well in Lewisham-LCC

Group Befriending and Support

Services for Older People

Registered Charity number 1126357

www.ageingwellinlewisham.com

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The Talent Factory

4-14 Barmeston Road

London SE6 3BH

About Ageing Well in Lewisham and our mission:

We are a small registered charity, founded in 1999, that provides support and befriending services

to people aged 50+ living in south Lewisham in south east London. We provide individual support

to help people access services that will improve their quality of life and help them to maintain their

independence living in their own home. We assist clients to access transport, enabling them to attend tutor-led groups in their local community, where they can share an activity, learn a new skill

and make new friends. We aim to reduce social isolation, improve physical and mental health and

quality of life, identifying referral pathways for individuals who require additional support.

If you are making a referral on behalf of a client, please ensure that he/she is agreed to this referral being made and interested to find out more about the Befriending Project. If you have any difficulty completing this form - please don’t hesitate to contact us via. telephone / email.

Name of Client Surname: First Name:

Address:

Postcode:

Tel:

Date of Birth:

Gender:

Preferred Language:

Ethnicity:

Medical Conditions:

Disabilities?:

Reason for Referral:

Does the client live alone? (If no please give details)

Does the client have any pets?(please give details)

How did you hear about the project?:

Is the person currently using, or known, to any services in Lewisham

(e.g. Social Services, Health Services, Voluntary Organisations)?

Please Specify:

Other Information:

**Please return the completed form to Ageing Well in Lewisham via email or post (addresses above) and mark the envelope/subject line confidential.**

**If you’d like to receive a digital version - please contact us.**

Referred by: Position/Relationship to Client:

Address:

Tel:

Date:

