**Referral Form:**

Office Use:

**Community Connections: Zoom Project.**

***This scheme is to provide older people who are socially isolated in Monmouthshire the opportunity to connect with family or friends over a 30-minute Zoom conversation using a laptop and Wi-Fi connection as supplied by Community Connections.***

Please return this form to: [vicki.pitt@bridgescentre.org.uk](mailto:vicki.pitt@bridgescentre.org.uk)

**About the person you are referring………..**

Mr/ Mrs/ Miss First Name: ……………………… Last Name: ………………….

Address …………………………………………………………………………………….

Postcode…………………………Tel No………………………………… DOB………….

**Family/Friend to be contacted for Connection:**

Mr/ Mrs/ Miss First Name: ……………………Last Name: …………….………

Address …………………………………………………………………………………….

Postcode…………………………Tel No…………………………………

Email address…………………………………………………….

**Emergency contact name: (if available) …………………………………………….**

**Emergency contact number: (if available) ...……………………………………..**

**Does this person live in any of the following accommodation?**

* Monmouthshire Housing Association / Charter / Melin homes : Yes / No

If yes please state which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Sheltered accommodation : Yes/ No

**Are there any communication/mobility or health issues that we need to be aware of?:** e.g. Mobility problems, sensory impairment, breathing problems, heart problems, communication problems, depression, use of walking aids or wheelchair. If yes, please specify:

……………………………………………………………………………………………………………………………………………………………………………………………………

**About the person’s background and interests:**

…………………………………………………………………………………………………………………………………………………………………………………………………….

**Would the person be interested in finding out more about befriending, assistance with online shopping, or becoming a pen pal with someone else in the community?**

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**About you, the referrer:**

Your Name: ………………………………………Agency: …………………………………

Address: ………………………………………………………………………………………

Postcode:…………………..Tel No:……………………email……………………………...

Does this person have a care plan? Yes / No

Does this person have a risk assessment? Yes/No

If yes, would this be available upon request? Yes/No

Has the person you are referring agreed for us to contact them to discuss this scheme.

Yes No

Referrer’s signature: …………………………………….. Date:………………..

