# 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.

**Please password-protect this document if sending by email.**

For more information see [redcross.org.uk/lonely](http://www.redcross.org.uk/lonely).

Email: Ctreloar@@redcross.org.uk

Phone: 07912 080 912 Charlet

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

## REFERRER DETAILS

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

## PERSON’S INFORMATION

|  |  |
| --- | --- |
| Name:  | BRM Number: (Internal use only)  |
| Gender:  | Date of Birth:  |
| Email:  | Ethnicity:  |
| Address: Telephone:  |
| Next of Kin: Telephone No: | Relationship:  |
| GP: GP Telephone: | GP Address:  |
| Does the person live alone?  | Yes | No  | Details:  |
| Any health / welfare issues? (Only brief detail to support initial risk assessment) | Yes | No | Details:  |
| Any known risk factors?(i.e behaviours/alcohol/substance misuse) | 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:**  |