 **Friendly Call Referral Form**

The Friendly Call Service offers our older friends the opportunity to receive a regular telephone call from one of our trained volunteers. The aim of the call is to share conversation and offer support and understanding. The service is available to anyone who is experiencing loneliness or isolation and thinks that they would benefit from having a regular chat with a caring and compassionate Friends of the Elderly Team Member. Our Friendly Call Service is **free of charge** and operates Monday – Friday working business hours. The service is available **nationwide.** Please note that all referrals will be subject to adherence with our guidelines and criteria for the Friendly Call service. These can be found on our website www.friendsoftheelderly.ie

Please send all referrals to [info@friendsoftheelderly.ie](mailto:info@friendsoftheelderly.ie) or 25 Bolton Street Dublin 1

**Tell Us About You**

|  |  |  |
| --- | --- | --- |
| **Date of referral:** Click here to enter a date. | |  |
| **Name:** | Click here to enter text. | Click here to enter text. |
|  | First name | Surname |
| **Address:** | Click here to enter text. | Click here to enter text. |
|  | Number and street | Area |
|  | Click here to enter text. |  |
|  | Post code |  |
| **Phone numbers:** | Click here to enter text. | Click here to enter text. |
|  | Home phone | Mobile |
| **Date of birth:** | Click here to enter a date. |  |
|  | Date / Month / Year |  |

**What are your hobbies and interests?**

What do you like to do and talk about? Do you have any particular interests which you might like to discuss?

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**Health and Well Being**

Are there any health conditions that you would like for us to know about?

Click here to enter text.

Do you experience any of the following?

|  |  |
| --- | --- |
| Hearing Difficulties | Sight Difficulties |
| Speech Difficulties | Mobility Difficulties |

Click here to enter text.

**Call Preference**

Would you prefer to receive a Friendly Telephone Call in the morning or the afternoon and which day or days would be most suitable? \*\*Please note that Friends of the Elderly will try to accommodate preferences wherever possible\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| Morning | Afternoon | | |
| Monday | Tuesday | | | Wednesday | Thursday | Friday |
|  |

Are there days that would not be convenient for us to call you e.g. when you attend a day centre or club? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Persons Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| **First name** |  | **Surname** | **Relationship** |
| Click here to enter text. |  | Click here to enter text. Click here to enter text. | |
| **Phone number** |  | **Address Key holder Yes/No** | |
| **E-mail** Click here to enter text. |  |  | |

If the telephone goes unanswered for three calls in a row would you like us to contact the above relative or friend to check on your wellbeing? Yes  No

**Consent/ Authorisation**

I wish to have my name and telephone number placed on the Friendly Call List and to be telephoned on a regular basis by a Friends of the Elderly Volunteer.

I am aware that the service is free and that I can ask for it to cease at any time I chose.

I understand that this service is run on a voluntary basis and that Friends of the Elderly are under no statutory responsibility or legal obligation to provide the service

Signed: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referrer Information -** *Please note if this info is not fully completed there may be a delay in processing*

**Name:** Click here to enter text. **Surname:** Click here to enter text.

**Address:** Click here to enter text.

**Work phone:** Click here to enter text. **Mobile:** Click here to enter text.

**E-mail:** Click here to enter text.

**Relationship to the older person:** Click here to enter text.