**A logo with a colorful circle

Description automatically generated with medium confidence  
CAP Referral form**

Client Consent for this referral must be obtained

**Self-referral o**

**Referral by family member/friend** **o**

**Referral by other service provider**  **o**

**Referrer’s details (if not self-referral)**

|  |  |
| --- | --- |
| **Name:** | **Job title:** |
| **Agency and address:** | |
| **Postcode:** | **Tel no:** |
| **E-mail:** | **Date of referral:** |

|  |
| --- |
| **Outline of Clients issue:** |

**Personal details of the person being referred**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name:** | | **Mr/Mrs/Miss/Ms/Other** | |
| **Known as:** | | **o Male o Female** | |
| **Date of birth:** | **Age:** | | **Carer: Yes No** |
| **Address (Permanent/Temporary):**  **What type of accommodation (own home, sheltered housing etc):** | | | |
| **Postcode:** | | **Tel no:** | |
| **Mobile:** | | | |
| **E-mail:** | | | |
| **Cultural/ethnic origin (ask the person/family):** | | | |
| **Religion:** | | | |
| **First language:** | | | |
| **Specialist communication needs and preferred method of communication:** | | | |
| **Marital Status:**  **Single o Married o Civil partnership o Widowed o Divorced o Separated o** | | | |
| **Does the person live alone? Yes o No o** | | | |
| **Other people in household:** | | | |
| **About the person’s hobbies and interests (details are helpful)** | | | |
| **Does the person have a risk assessment in place? Yes o Noo** If yes, we must have access to this**.** Please share at point of referral. | | | |
| **Does the person have a preference on the gender of the volunteer?** Yes **o**  No **o**  If yes please state which: | | | |

**GP details in case of emergency**

|  |  |
| --- | --- |
| **Name:** | **Tel no:** |
| **Address:** | |

**Details of any health issues (e.g. other relevant medical conditions or mobility problems)**

|  |
| --- |
|  |

**Other agencies involved and contact details if available**

|  |
| --- |
|  |

**Do you consent to Age Cymru collecting and storing your personal information Yes No**

**Your details will be held on a secure database and will not be passed onto any third parties unless required to by law.**

**You can unsubscribe at any time by calling 029 2043 1555, emailing** [**unsubscribe@agecymru.org.uk**](mailto:unsubscribe@agecymru.org.uk) **or by ticking   Yes**

**Please return to:** [**CAPassist@agecymru.org.uk**](mailto:CAPassist@agecymru.org.uk)

**Thank you for the referral we will be in touch over the next 5 working days.**

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