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**Camden Care Navigation & Social Prescribing Service**

**Referral Form for Camden residents**

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| **Referral Date**:  |
| **RESIDENT DETAILS****Name**  **DOB**: **Age**: **Gender**: **Address**: **Home tel**: **Mobile**: **Email**:  |
| **REFERRER DETAILS (if referring some-one else)****Referrers name**: **Address**: **Contact**: **Email**:  |
| **Data Protection Consent Statement (To be read to the resident if present)** In completing this form or having this form completed on your behalf you are consenting to your information being shared with i) the organisations you have asked to be put in touch with, so they can contact you, ii) Camden Community Links , who administer this scheme, iii) Wish Plus(Camden Council) who are part of this scheme and iv) Age UK Camden for monitoring and evaluation purposes. You can withdraw your consent at any time. This is in accordance with the General Data Protection Regulation 2018.**Please note: Community Links, Community Connectors and Wish Plus have no access to residents’ medical records.**Has the referred person given consent for this referral? (please underline) Yes No |
| **DESTINATION SERVICE** (please underline)**Care Navigator Community Links Community Connectors WISH+** **For Triage**  |
| **REASON FOR REFERRAL** |
| **INFORMATION TO SUPPORT REFERRAL** |
| **CONTACT PREFERENCE** (please underline)Please tick if it is ok to contact you via - Telephone (inc Text) Email Letter Face to Face  |

Schedule of information to follow.

<https://www.ageuk.org.uk/camden/privacy-policy/>