 

|  |
| --- |
| **HILS Active Ageing referral form *(March 2023)*** |

|  |
| --- |
| Please return this form to: **active.ageing@hils-uk.org or** [**hertsindliving.wellbeing@nhs.net**](mailto:hertsindliving.wellbeing@nhs.net)  Call **07745082022 or 0330 200 0103** for any queries  Visit **www.hils-uk.org** for more information |

Active Ageing is a new service to help our clients exercise safely. Our trained staff will support them to exercise for up to eight weeks either in their home or in the community.

|  |
| --- |
| **CLIENT’S DETAILS (PERSON RECEIVING THE VISITS)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Forename** |  |
| **Surname** |  | **Gender** | Male  Female |
| **House/Flat number** |  | **Address** |  |
| **Town** |  | **Postcode** |  |
| **Date of Birth** |  | **Telephone (inc area code)** |  |

|  |  |
| --- | --- |
| **GP Surgery** |  |
| **GP’s Name** |  |
| **GP Telephone** |  |

|  |
| --- |
| **ELIGIBILITY:** Please tick the box next to each criteria if it applies to the person receiving visits. **Unfortunately, if ANY of the boxes below are ticked, we will not be able to support the client.** |

|  |  |
| --- | --- |
| Is the client able to access exercise classes outside of their home? |  |
| Is the client under the age of 65? |  |
| Is the client bed bound? |  |
| Does the client live in a care home? |  |
| Does the client have significant memory loss? e.g. due to moderate to advanced dementia\* |  |

*\*Please note:* due to the nature of the programme, these exercise sessions are less suitable for those with significant memory loss as the client will be required to remember and follow instructions independently. If the person being referred does have significant memory loss, we may be able to support if a carer is present for all sessions, and can provide support to practice in between sessions. Please contact our team if you would like to discuss this further.

Please let us know the ethnicity of the person you are referring. This information helps us to know whether people from different ethnic backgrounds are making use of our services. Please tick one option:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White British** |  | **White Irish** |  | **Other White** |  |
| **Chinese** |  | **Indian** |  | **Pakistani** |  |
| **Bangladeshi** |  | **Other Asian** |  | **African** |  |
| **Mixed Caribbean** |  | **Mixed African** |  | **Other Mixed** |  |
| **Other Black** |  | **Other** |  | **Does not wish to disclose** |  |

|  |
| --- |
| **REFERRER’S (YOUR) DETAILS** |

|  |  |
| --- | --- |
| **Full name** |  |
| **Role or relationship to client** |  |
| **Organisation (if applicable)** |  |
| **Telephone** |  |
| **Email** |  |

|  |
| --- |
| **ACCESS DETAILS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key safe code** |  | | **Door entry code (for main building)** |  |
| **Key safe location** |  | | | |
| **Any other information** (for instance, if the house is hard to find) | |  | | |
| **Is there anything that could pose a risk to our staff when visiting?** | | | | |
|  | | | | |

|  |
| --- |
| **CLIENT WELLBEING** |

Please tick the box below if there is anything that we may need to be aware of with regards to the client:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has poor mobility |  | Slow to answer the door |  | Is confused |  |
| Visual impairment |  | Hearing impairment |  | Speech impairment |  |
| Has dementia |  | Could be violent/aggressive |  | English not their first language |  |
| **Is there anything else we may need to know about the client?** | | | | | |
|  | | | | | |
| **Are there any health or medical issues that may prevent them from taking part in physical activity?** | | | | | |
|  | | | | | |
| **Please state the reason for referral below:** | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **Have they had a fall in the past 12 months?**  **If yes how many?** | Yes  No |

|  |
| --- |
| **EMERGENCY CONTACTS** |

It is very important that an emergency contact is provided. Where possible please provide a mobile number.

|  |  |
| --- | --- |
| **Emergency contact or care provider** | |
| Name |  |
| Address |  |
| Post Code |  |
| Relationship to client |  |
| Telephone (Mob) |  |
| Telephone (Home) |  |
| Email |  |
| Key Holder? | Yes  No |

|  |
| --- |
| **OTHER SERVICES** |

As well as Active Ageing, HILS also delivers a number of other services to help people remain happy, healthy, and independent in their home. If the client is interested in any of our other services, please tick below and our Support Team will get in touch.

|  |  |
| --- | --- |
| **Meals on wheels** – hot meals delivered daily, as well as optional tea and breakfast packs. *Please see our website for pricing.* |  |
| **Community Dementia Support Services** –as part of the Hertswise Partnership. |  |
| **Keysafe installation** – used to securely store a spare door key. |  |
| **Home visit from an Optician** – in partnership with A1 Optician. |  |
| **Medication prompts/reminders**. |  |

**Please contact us for more information if you need it.**

**Call us on 0330 2000 103 or visit our website at** [**www.hils-uk.org**](http://www.hils-uk.org)

|  |
| --- |
| **PRIVACY NOTICE** |

|  |
| --- |
| **How will your information be used?**  Your personal data will only be used to deliver a safe, caring, and tailored service that meets your individual needs. We will never share your data without your consent unless we believe that you may be in danger or that your wellbeing is at risk. In this case, we would only share the information necessary to help you stay safe and well, and only with the proper authorities (e.g. police, ambulance) and/or your emergency contacts. While it is in our care, your data will be kept securely and only viewed by authorised HILS staff. All HILS team members are trained in how to keep your data safe and your rights as a data subject, we do not use any automated decision-making or data profiling processes – meaning all decisions regarding your service are made by humans.  **What are your rights?**  HILS complies with the General Data Protection Regulation 2016, meaning that we are committed to keeping your personal data safe and will always respect your rights as a data subject. These rights are:   * **The right to be informed and to limit data processing** – this means that we need to tell you about how we are using your personal data and will only use it in the way we describe above. If we want to use your personal data for anything else, we will always tell you and ask for consent if necessary. You have the right to disagree with the way we process your data and to ask for this to be changed, these requests would be reviewed on a case by case basis. * **The right to access, ask for corrections, and to delete personal data** – this means you can ask to see all the data that we hold on you, to ask for data to be changed and/or deleted from our records. * **The right to data portability** – this means that you can request for us to provide you with all the personal data we hold on you in a format that you can take with you (e.g. if you want to take your information to another service provider).   To find out more about your rights and how HILS processes personal data, please see our Privacy Notice on our website at: [www.hils-uk.org](http://www.hils-uk.org) . You can also contact us via email on data@hils-uk.org or call 0330 2000 103 and ask for the HILS Data Protection Officer. |

**Please return this form to: active.ageing@hils-uk.org**