



Social Network Service Referral Form

Service Required: Social Outings

Café Groups

Social Outings are 4-6 weekly, and suit those keen to spend time with others on a leisurely drive before having morning/afternoon tea and/or entertainment at a variety of venues, such as a volunteer host's home, a library, or community group. Transport is provided.

Café Groups (5-9 pax approx.) are fortnightly and suit those keen to meet others and get to know others that live locally. Transport is sometimes available.

Referral Date: _____

Referred by: _____

Designation: _____

Organisation: _____

Email: _____

Telephone: _____

Client's Details

Name: (Mr/Mrs/Miss/Ms) _____

Address: _____

Telephone: _____ **Date of Birth:** _____

Ethnicity: _____ **IWI (Maori):** _____ **Island Group (Pacific Island):** _____
(For statistical purposes - you do not have to complete this section if the person would prefer not to.)

Emergency Contact: _____

Relationship: _____ **Telephone:** _____

Reason for referral: _____

Has the person been asked if he/she would like to use this service? Yes No

Mobility/Health: _____

Person's interests: _____

Other Comments/Other social groups the person attends: _____

PLEASE RETURN THIS FORM TO: Social Network Service, Age Concern Canterbury, 24 Main North Road, Papanui. Christchurch 8053. Or you can fax the form to (03) 365-0639.

For Office Use Only:
1. Person accepted and included on Database: Date: _____
2. Formal acceptance by letter / phone call / email to:
a) Client Date: _____ b) Person who made referral Date: _____