

HWYNI Service

Brunelcare Head Office
Saffron Gardens
Whitehall
Bristol
BS5 9FF

Registered Charity no 201555
Company No 601847

Help When You Need It Service – REFERRAL FORM

The Help When You Need It service is available to people who are 55+ and have support needs including maintaining accommodation or securing housing, maximising income or managing debt and reducing social isolation. The type of support will vary based on the assessed needs and outcomes for individuals.

If you require assistance or further information to be able to complete this form, please contact Brunelcare
Tel: 0117 4281274 or Email: hwynireferrals@brunelcare.org.uk

Once completed, please send it to us at Brunelcare either via email or post it to the address at the top of this form.

Privacy notice

Brunelcare aims to go above and beyond its responsibilities under data protection legislation. The information you provide through this form will only be processed to fulfil our contractual obligations with you, to take steps towards entering into a contract, for legal obligations and in order to evaluate our services. Our data protection and privacy policy explains how we care for your personal data and your rights under data protection legislation. Please ask to be contacted by the Brunelcare Data Protection Officer if you have any questions or concerns about how we process your personal data.

Please complete the following information about yourself so we can review your referral.

Name:		Date:	
Address:			
Post Code:		Date of Birth:	
Telephone:		Email:	
Why do you need this service? (reason for the referral)			
Would you benefit having support from a volunteer?		Yes	No
Any relevant Background history:			
Are there any environmental risks we should be aware of? E.g. pets, or risk of falls due to clutter			
It would be helpful if you could be as specific as possible about the following:			

How is your general health?	
Do you have any physical or mental health concerns? Please provide further detail	
Do you require any support to mobilise around your home?	
Do you require support to communicate?	
Are other agencies involved in your care and support?	
What kind of goals would you like to achieve? E.g. in building confidence to continue everyday tasks (Please remember that we are unable to assist with any personal care or actual handyman duties as part of this service)	
<ul style="list-style-type: none"> • Maximise independence and wellbeing • Reduce isolation and improve community connections • Support people in achieving personalised, meaningful goals • Build skills, confidence, and resilience 	

Thank you for completing this form.

If you are referring on behalf of someone else, please also complete the additional section on the following page.

Referred by:		Date:		
Relationship to the person being referred:				
Position:		Organisation:		
Telephone/Mobile:		Email:		
Please tick yes or no for the following:			Yes	No
Does the person named on the form know they are being referred?				
Do we have their permission to contact them directly?				
Do you wish to make an initial joint visit?				

How would you rate this referral	Red (Currently in crisis)	Amber (close to crisis)	Green (Low level and no signs of crisis)
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