



Care and Repair – Referral form

Age Action’s Care and Repair does small DIY jobs for older people to help them maintain their homes and their independence.

Client details						
Name of client:						
Age group:	45-54		55-64		65-74	
	75-84		85-94		95+	
Contact details	Phone (1):					
	Phone (2, optional):					
	Email (optional):					
	Address:					
	Eircode:					
Hospital status (please tick)	Currently in hospital:					
	Recently in hospital, now at home:					
	Client request is not connected to a hospital stay:					

If currently or recently in hospital, please tick the relevant hospital:	University Hospital Galway		University Hospital Limerick	
	Cork University Hospital		Naas General Hospital	
	Tallaght University Hospital		Midlands Regional Hospital Portlaoise	
	Our Lady of Lourdes Hospital, Drogheda		Beaumont Hospital	
	Connolly Hospital		Other	
If other, give details (include any associated medical or residential units):				
Planned discharge date (if relevant):				

Job details
Short description of work required in home:

Referrer information		
Name:		
Role and location:		
Contact details	Phone:	
	Mobile:	
	Email:	

Signed by referrer: _____ Date: _____

Access to home				
Tick who will provide Age Action access to home	Client will be at the home		Nominated representative will be at the home	
	Client will provide key to Age Action		Nominated representative will provide key to Age Action	

Nominated representative				
(if client is requesting that Age Action makes arrangements through a third party)				
Same as above:	Yes:		No:	
<i>If no, complete the following</i>				
Name:				
Relationship to client:				
Contact:	Phone:			
	Mobile:			
	Email (optional):			

Consent from client

Age Action requires your consent to process your details for the purposes of this service. We will not share personal information outside of Age Action without your permission and we will delete personal information after two years from the last time YOU contact us. Where you do not give consent, it may inhibit our ability to provide services to you.

I consent to Age Action processing my personal data for the above purposes.

Signed: _____ Date: _____

Print name: _____

I hereby request that Age Action assist with the tasks outlined above. I grant permission for Age Action to contact me and my referrer (below) for this purpose using the contact details provided above. Where a representative has been named above, that person has given me permission to provide their details to Age Action and I grant permission for my representative to make arrangements for Age Action to access my home and complete the tasks outlined above.

Signed: _____ Date: _____

Print name: _____

Please return this form by email to careandrepair@ageaction.ie or phone 0818 911 109 for other options. Age Action will make contact within one working day of receipt of completed form to discuss arrangements for carrying out the work.

If you have any data protection related issues regarding the above processing activity, please contact our data protection team at info@ageaction.ie.