**Befriending Service Referral**

**Confidentiality**

All the information we hold about service users will be kept confidential. We will not discuss any information with third parties unless we have explicit permission to do so or, in exceptional circumstances, where we consider an individual to be at risk from others or to themselves.

## **Referral Details**

Name of individual being referred: ....................................................................Date of referral: ………………………...

Referred by; ………………….…………………………….……… Position: ……….………………….……………..……………………….….......

Agency name: ……………………………….……..………………… Contact number: ……………….….……….….………..…….…….....

Contact Address………………..………………………………………………Email………..………………………………………………….………

Does the person you are referring feel they would like a Befriender and are happy for us to call them? YES/NO

**Service User’s details**

**Full name…………………………………………………… DOB………. Age…………Do they live alone…**……………….………..

Address……………………………………………………………………………………… Telephone………………………….......................

Emergency Contact……….……………………………….Telephone…………………………Email………………………………..…..…….

Reason for referral/background information:………………………………………………………………………………………….……..

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**Needs & General Health of Service User**

Communication difficulties (speech/hearing/eyesight) A befriender’s remit is to have a friendly chat for an hour.

Level of mobility (e.g. wheelchair or walking aid dependent): ................................................................................

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General physical and mental health..............................................................................................................................

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What other help/support is received? e.g. home care, day care, cleaner, hairdresser etc.:………………………..

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What social contact is currently in place? e.g. family, friends, neighbours:……….……………………………………....

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