**Befriending Service**

Our befriending service provides friendship and support for older people in Bath and NE Somerset to ensure they do not become lonely or socially isolated.

Age UK B&NES can help an isolated older person to find a friendly volunteer who will come and visit once a week for about an hour for a chat or perhaps to provide company on a short walk or the occasional outing. A listening ear can make a big difference, particularly for those who are housebound or have mobility difficulties.

This role is enjoyed equally by our befriending volunteers who are trained and supported by us. Feedback from both recipients and volunteers has highlighted solid relationship building and good improvements in wellbeing levels.

If you would like to refer someone please use the referral form on the next page and email or post it to the address below.

If you would like to become a volunteer befriender yourself, please contact our volunteering coordinator whose details are also below.

**18 Kingsmead Square, Bath BA1 2AE.**

[**befriending@ageukbanes.co.uk**](mailto:befriending@ageukbanes.co.uk)

**01225 466135**

**Contact: Jen Ruskin Befriending Co-ordinator**

[**Volunteering@ageukbanes.co.uk**](mailto:Volunteering@ageukbanes.co.uk)

**Contact: Jen Ruskin Befriending Co-ordinator**

**Befriending Service Referral**

**Confidentiality**

All the information we hold will be kept confidential. We will not discuss it 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?

**Service User’s details**

Full name of individual wishing to have a befriender……………………………………………………………….

Date of Birth………. ………………..Age…………Do they live alone………………….………..

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

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

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

………………………………………………………………………………………………………………………………………………………………….……...

**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): ................................................................................

………………………………………………………………………………………………………………………………………………………………………….

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

…………………………………………………………………………………………………………………………………………………………………….…..

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

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