Southville Community Centre
Southville Road
Feltham
TW14 8AP
Tel: 020 8560 6969
Fax: 020 8560 9119

Age UK Hounslow
Befriending Scheme Referral Form

An assessment is carried out on each potential client prior to them being considered for our service.

Please complete this form in block capitals.

CLIENT DETAILS					
TITLE	Mr / Mrs / Miss / Ms / Other (please state) _ _ _ _ _ _ _ _ _ _ _ _				
FIRST NAME(S)					
SURNAME					
ADDRESS	Postcode:				
DATE OF BIRTH		GENDER	Male ☐	Female ☐	
TELEPHONE NUMBER	Home:				
	Mobile:				
EMAIL ADDRESS					
WHAT IS THE BEST WAY TO CONTACT THE CLIENT?	Post ☐	Home Phone ☐	Mobile ☐	Email ☐	
ACCOMMODATION TYPE	e.g. Own Home, Rental, Sheltered:				
DOES THE CLIENT HAVE ANY DISABILITIES / HEALTH / MENTAL HEALTH ISSUES?	Yes ☐	No ☐	If yes, please specify below:		
DOES THE CLIENT HAVE ANY LANGUAGE NEEDS / REQUIREMENTS?	Yes ☐	No ☐	If yes, please specify below:		
DOES THE CLIENT RECEIVE OR BEEN REFERRED TO ANY OTHER SERVICES?	Yes ☐	No ☐	If yes, please specify below:		
WHERE DID YOU HEAR ABOUT THE SERVICE?					
Has the client agreed to have a volunteer visitor and their details being passed to this service?	Yes ☐	No ☐			

NEXT OF KIN DETAILS	
NAME	
RELATIONSHIP TO CLIENT	
ADDRESS	Postcode:
TELEPHONE NUMBER	Home:
	Mobile:
EMAIL ADDRESS	

REFERRAL MADE BY	
ORGANISATION (IF APPLICABLE)	
POSITION IN ORGANISATION	
ADDRESS	Postcode:
TELEPHONE NUMBER	
EMAIL ADDRESS	

Please return this form via email to beverley.fyfe@ageukhounslow.org.uk or return via post or fax to the details provided on the first page.

FOR OFFICE USE ONLY	
Date received	