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| **Befriending Service Referral Form** | | | | |
| **Date of referral: Please select:**  Home Visiting or Telephoneor Penpal  **\*\*\*Please note: Home Visiting is available for people who are Housebound only.**  **If you select Home Visiting, please also complete the Home Assessment Form\*\*\*** | | | | |
| **Title:** | **Ethnicity:** | **Full Name:** | | **DOB:** |
| **Address:** | | | **Telephone:**  **Mobile:**  **Email:** | |
| **Name of GP Practice:**  **Telephone Number:** | | | **Do you have a background in the Armed Forces?**  Yes / No | |
| **Do you have any long-term health conditions/disabilities that we need to be aware of?**  (If yes, please specify) | | | | |
| **Are you a smoker?** Yes / No  **Do you have any pets?** Yes / No  (If yes, please specify)  **Are you able to leave the house unaided/without support?** Yes / No  **Would you like further details about our social groups in your local area?** Yes / No | | | | |
| **Please provide further information to help us match with a suitable volunteer:**  This should include any hobbies, interests or past times. | | | | |
| **Emergency Contacts (PLEASE ENSURE THAT THIS SECTION IS COMPLETED)**  In the event of an emergency, or if we are unable to contact you, we may need to telephone an emergency contact or appropriate services to check on your safety and welfare.  Name: Name:  Relation to client: Relation to client:  Telephone: Telephone:  Address: Address: | | | | |
| **Referral completed by:**  Name:  Telephone / Email:  Organisation/Role (if applicable): | | | | |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*Client Consent\*\*\*\*\*\*\*\*\*\*\*\*\*\***  **Name: Signed:**  **Do you give consent to Age UK Hull holding your details and contacting you or the referring organisation when it may be relevant to your needs:**  YES / NO (verbal / written)  **Do you give consent to Age UK, the national body, viewing your file for quality checking:**  YES / NO (verbal / written) | | | | |
| **If the client is unable to provide consent, have you read all the information being provided upon the referral form to the client? YES/NO**  **Referring Organisation Details:**  **Name: Signed:**  **Referring Organisation:**  **Email: Tel:**  **Please return to** [**referral@ageukhull.org.uk**](mailto:referral@ageukhull.org.uk)  01482 324644  Silvester House, The Maltings, Silvester Street, HULL, HU1 3HA | | | | |