Telephone Befriending Service Referral Form	Date:	

Service Required: **Befriending**

Title:	**Full Name:**	**D.O.B:**

Address:	**Tel:** **Mobile:** **Email:**
	How did you hear about the service?
Do you have a background in the armed forces?	**Do you have any disabilities?** (If yes, please state type of disability)

Any other notes/hobbies, interests or past-times that may help with the match to a volunteer?

Referred by:

Name: Organisation:

Tel No: Email:

Do you have consent from the individual named above to make this referral?: Y / N

PLEASE ENSURE THIS SECTION IS COMPLETED

Emergency Contacts

In the event of an emergency or if we are unable to contact you, we may need to telephone an Emergency Contact or the appropriate services to check on your safety and welfare.

Name: Name:

Relation to client: Relation to client:

Tel No: Tel No:

GP name: Tel No:

Please Turn Over

Information for Befriending Service

If there is an alternative organisation that may be able to offer you support, do we have your consent to pass your details on to them?

Yes/No

Priority Classification

Due to the high demand for our befriending service, we have a priority system. The system is based on how much social contact someone has during the week.

Please indicate which priority is appropriate for you/your client by following the examples below.

High Priority ☐

0 to 2 visits/calls by family, friends or professionals per week

You have limited mobility or are housebound.
You have very limited contact with family or friends i.e. in person or on the phone.
You have very limited contact with carers or other service providers.
As a carer you have a very limited support network for your caring role.

Medium Priority ☐

3 to 5 visits/calls by family, friends or professionals per week

You have some mobility and are able to get out of the house.
You have some contact with family or friends i.e. in person or on the phone.
You have some contact with carers or other service providers.
As a carer you have some support for your caring role.

Low Priority ☐

6 or more visits/calls by family, friends or professionals per week

You are able to go out regularly.
You have regular contact with family or friends i.e. in person or on the phone.
You have regular contact with carers or other service providers.
As a carer you have regular support for your caring role.

Referral completed by: Print name…….....

Due to the new EU Data Protection regulations, we require your explicit written consent in order to be able to hold your details to be able to communicate with you. Your details will be kept securely and not passed on to any third party.

Signature……..…**Date**……..