****Merton Befriending Service is a collaboration of locally based community organisations in Merton working together to deliver a befriending service for socially isolated Merton residents, age 65 years and over.

Age UK Merton is leading on this Service. Other partners include Positive Network, Carer's Support Merton, Wimbledon Guild and Merton Voluntary Service Council.

Please read guidance notes for full eligibility criteria.

All information shared in this form is kept confidential.

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| **1. 1 About the person who would like to use befriending:**  |
| Date of referral:  |  |
| Title and full name:  |  |
| Address:  |  |
| Full postcode: |
| Contact telephone number/s:  |  |

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| **1.2 Type of befriending required** ***Tick both if required***  | Face to face  |  | Telephone  |  |
| **1.3 Which organisation would you prefer to provide befriending?** ***Tick your preference***  | Age UK Merton |  | Wimbledon Guild  |  |

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| **2. Give information about how the client is socially isolated and why they would like a befriender?**  |
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| **3. Give details of client’s home (e.g. house/flat/estate) and entrance (e.g. communal entrance, own front door, entry phone/door bell, lift, stairs) and if parking space available. Is there anything we need to be aware of?** |
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| **4. 1 Informed consent: We will not provide a service without informed client consent.**  |
| Has client consented to service? | Yes  | No  |
| If appropriate, have their next of kin consented to service? | Yes  | No  |
| Do you consent to us keeping your basic details on our database for monitoring and storage purposes? Your details will be kept confidential and not passed onto a third party.  | Yes  | No  |

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| **4.2 Complete this section if client being referred is a carer** |
| Who is the person caring for? Give as much detail as possible. |
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| Does the client live with the person being cared for? |
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| **5. Next of kin details:**  |
| Full name: |  |
| Telephone number:  |  |
| Email:  |  |
| Address including full postcode:  |  |
| Relationship to client: |  |

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| **6. Clients health** |
| a. Is client living with any health conditions? Specify  |
|  |
| b. Is client living with any mental health conditions? Also include conditions that are now stable.  |
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| c. Does the client have hearing difficulties?  |
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| d. Does the client have a history of falls? |
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| e. Does the client smoke?  |
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| **7. Other information required** |
| a. Does the client live alone?  |
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| b. Does the client have pets?  |
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| c. Has the client been bereaved over the last two years?  |
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| d. Does the client have any additional needs e.g. language, wheelchair user |
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| **8. Does client use the following? If yes, give full contact details**  |
| GP |  |
| CPN  |  |
| Social Worker |  |
| Other (Specify) |  |

**MONITORING FORM**

**Please complete this form. It will be kept confidential and used specifically and anonymously for monitoring purposes only.**

|  |  |  |
| --- | --- | --- |
| **Gender**: (tick as appropriate) | Female  | Male |
| **Clients DOB**:  | **Age**:  |  |

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| **Ethnic background (tick as applicable)**  |
| **White:** | **Black:**  |
| British  |  | British  |  |
| Irish  |  | African |  |
| European  |  | Caribbean  |  |
| White Other  |  | Black Other |  |
| **Asian:**  | **Mixed:**  |
| British  |  | Mixed White and Asian |  |
| Bangladeshi  |  | Mixed White and African |  |
| Chinese |  | Mixed White and Caribbean  |  |
| Indian  |  | Mixed Other background |  |
| Pakistani  |  |  |  |
| Tamil  |  |  |  |
| Asian Other |  |  |  |
| **Other ethnic background: specify** |  | **Do not wish to disclose** |  |

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| **Religion (tick as applicable)**  |
| Agnostic  |  | Hindu  |  |
| Atheist  |  | Jain  |  |
| Buddhist  |  | Jewish  |  |
| Church of England  |  | Muslim |  |
| Roman Catholic |  | Any other religion |  |
| Orthodox Christian |  | Do not wish to disclose |  |
| Other Christian |  | Not stated |  |

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| **Disability**  |
| Is client disabled?  | Yes  |  | No  |  |
| Unknown  |  | Does not wish to disclose  |  |
| **Main Disability (tick as applicable)**  |
| Visual impairment  |  | Epilepsy  |  |
| Blindness  |  | Heart condition |  |
| Learning difficulty |  | Hearing impairment  |  |
| Mental health  |  | Mobility problems  |  |
| Cognitive impairment  |  | Other  |  |

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| **Referral source (tick as applicable)**  |
| Self- referral  | Family/friend/neighbour | Social services  | Health care  | Third sector organisation | Other (specify) |
|  |  |  |  |  |  |
| Referrer details:  |
| Full name:  |
| Telephone number:  |
| Address: |
| Postcode:  |
| Relationship to client:  |
| Job title and organisation (if relevant):  |

**Completed forms/queries to be sent to:**

Kourtney Wood at befriender@ageukmerton.org.uk

Tel: 020 8648 5792

Postal address: Age UK Merton, 277 London Road, Mitcham, Surrey CR4 3NT