

**Befriending & Reconnect Services**

Self Referral Form

Age UK South Gloucestershire offers Befriending and Reconnect to alleviate feelings of isolation and loneliness. All the befriending services are delivered by volunteers who are referenced and DBS checked, and the home visits are purely social. Reconnect matches clients with a peer; therefore, their match will not have been vetted as with our volunteers.

**Please note the following:**

* Our services can only be offered to individuals that live in the county of South Gloucestershire.
* Due to the popularity of the befriending service, you will be placed on a waiting list whilst we recruit a volunteer or peer match. Please note, there is currently a 12 month minimum wait to be matched with a befriender.
* Please complete all sections of the form, we will not submit the application without all details completed.
* Send your completed application to befriending@ageuksouthglos.org.uk or via post (no stamp needed). Freepost RTEX-ERLY-HUYS, Age UK South Gloucestershire, 67 High Street, Thornbury, Bristol, BS35 2AW

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| **Processing Clients Data** |
| In order to run the Befriending and Reconnect services, we need to store information about our clients. The law says that we must get their consent to do this. Everything on this form will be treated confidentially, and their data will be treated in accordance with our Data Protection & Confidentiality Policy.  |
| **The client consents to Age UK South Gloucestershire recording personal information about them:** | Yes |[ ]  No |[ ]
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| **Your Details** |
| Date of Application |  |
| Your Name |  |
| Known As  |  |
| Date of Birth |  |
| Telephone Number |  |
| Email Address |  |
| Address |  |
| **Emergency Contact** |
| Please can you provide details of a next of kin or emergency contact. This will be used in line with our Data Protection Policy and will be provided to the Befriending Volunteer or Peer match in case of emergency. At the clients request, we can also let them know one of our volunteers will be visiting. |
| Emergency Contact Name |  |
| Relationship to you |  |
| Emergency Contact Number / Address |  |
| Would you like them to be present during the first visit from the volunteer / Age UK South Glos Team? | Yes | No |
|  |[ ] [ ]
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| **Service Selection** |
| These are our Befriending or Reconnect services; please select the service required. |
| **Telephone Befriending**Receive a call from a volunteer on a regular weekly basis. This could be up to one hour each time to discuss common interests, current affairs etc. |[ ]
| **Home Visit Befriending**A volunteer will come and visit your home once a week for company. This would be a regular weekly slot for companionship, a cup of tea and a chat. Please note, our volunteers are not assigned to take you out or to help with shopping etc. This is a friendly visit to your home. |[ ]
| **Reconnect Telephone Calls**Be matched with an individual of a similar age or background and have a regular phone call once a week. We will match you based on your preferences. |[ ]
| **Reconnect Face to Face**Be matched with another like-minded individual who has similar interests to you for social visits or outings in the community. Individuals must be able to leave their homes **without** support. You will be matched with your preferences. |[ ]

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| **Medical and Extra Information** |
| **GP Practice Name / Address** |  |
| **Do you have any medical conditions?** (please provide details) |  |
| **Do you have any disabilities?** (please provide details) |  |
| **Do you use a care company?** (Please provide details e.g. name of care company/carer) |  |
| **Do you have a social worker?**(Please provide details e.g. name/contact number/email) |  |
| **Do you have dementia?**  | **Yes** | **No** | **Potentially, Not Diagnosed** |
|  |[ ] [ ]  [ ]  |
|  | **If yes or potentially, please provide more details here** *(e.g. severity, current living situation):* |
| **Do you have any mental health concerns?** | **Yes** | **No** | **Unknown** |
|  |[ ] [ ]  [ ]  |
|  | **If yes, please provide more details here** *(e.g. are you in contact with your GP / have support with the South Glos Mental Health Team?):* |
| **Do you have any pets?** | **Yes** | **No** |
|  | [ ]  | [ ]  |
|  | **If yes, please provide details:**  |
| **Do you smoke?** | **Yes** | **No** |
|  | [ ]  | [ ]  |
| **Our volunteers would like to know a bit about you, what are your past or current interests?** e.g. sport, gardening, craft(Please do not leave this blank) |  |

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| **Reconnect Only** **(please only answer these if you have selected the reconnect service)**Would you like to meet at: |
| **Your Home** | Yes |[ ]  No | [ ]  |
| **Their Home** | Yes |[ ]  No | [ ]  |
| **A public outdoor space** e.g. a park | Yes |[ ]  No | [ ]  |
| **A public indoor space** e.g. a library | Yes |[ ]  No | [ ]  |
| **A paid-for activity**e.g. an exercise class, a cafe or cinema | Yes |[ ]  No | [ ]  |
| **A free activity**e.g. a museum visit or community group | Yes |[ ]  No | [ ]  |
| Would you like to be matched with the same gender? | Yes |[ ]  No Preference | [ ]  |
| Do you have any further Comments: |  |

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| **De Jong Gierveld Loneliness Scale** |
| Our Befriending and Reconnect services aim to alleviate feelings of isolation and loneliness. To assess the impact of the service over time, we use the De Jong Gierveld Loneliness scale. Please note that we will ask you to fill out these responses during a 1, 3 and 6 month review period, to understand the affectiveness of the match. **As such, please record the clients responses to the following statements:** |
| I experience a general sense of emptiness | Yes |[ ]  More or Less |[ ]  No |[ ]
| I miss having people around me | Yes |[ ]  More or Less |[ ]  No |[ ]
| I often feel rejected | Yes |[ ]  More or Less |[ ]  No |[ ]
| There are plenty of people I can rely on when I have a problem | Yes |[ ]  More or Less |[ ]  No |[ ]
| There are many people I can completely trust | Yes |[ ]  More or Less |[ ]  No |[ ]
| There are enough people I feel close to | Yes |[ ]  More or Less |[ ]  No |[ ]

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| **Equality and Diversity Monitoring**  |
| Age UK South Gloucestershire aims to provide equal opportunities and fair treatment for all staff, volunteers and service users. We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our staff, volunteer and service user base and will be kept anonymous. |

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| Age |
| Date of BirthOR Age |  | [ ]  Prefer not to say |
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| **Do you consider yourself to be a carer?** |
| [ ]  Yes On average how many hours are spent caring? [ ]  under 50 [ ]  over 50 | [ ] No[ ] Prefer not to say |

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| Do you describe yourself as Disabled? |
| [ ]  Yes |
| [ ]  No |
| [ ]  Prefer not to say |

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| **Ethnicity**Please state what you consider your ethnic origin to be. (Ethnicity is distinct from nationality and the categories below are based on the 2011 Census in alphabetical order.) |
| **Asian** | **Black** | **Chinese or other ethnic group** |
| [ ]  Indian | [ ]  Caribbean | [ ]  Chinese |
| [ ]  Pakistani | [ ]  African | [ ]  Any other ethnic group (please detail)Click here to enter text. |
| [ ]  Bangladeshi | [ ]  Any other Black background (please detail) Click here to enter text. |
| [ ]  Any other Asian background (please detail)Click here to enter text. |
| **Mixed** | **White** |
| [ ]  White and Black Caribbean | [ ]  English |  [ ]  Any other White background (please detail) Click here to enter text. |
| [ ]  White and Black African | [ ]  Irish |
| [ ]  White and Asian | [ ]  Scottish | [ ]  Prefer not to say |
| [ ]  Any other mixed background (please detail) Click here to enter text. | [ ]  Welsh  |

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| Gender |
| [ ]  Female | Does your gender identity match your sex as registered at birth? |
| [ ]  Male |
| [ ]  Prefer not to say | [ ]  Yes | [ ]  No |

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| Religion/ belief |
| [ ]  Buddhist | [ ]  Sikh |
| [ ]  Christian | [ ]  Other (please state)Click here to enter text. |
| [ ]  Hindu |
| [ ]  Jewish |  [ ]  No religion |
| [ ]  Muslim |  [ ]  Prefer not to say |

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| Sexual Orientation |
| [ ]  Bisexual | [ ]  Heterosexual |
| [ ]  Lesbian/Gay woman | [ ]  Prefer not to say |
| [ ]  Gay man |
| [ ]  Other (please state) Click here to enter text. |