(Office use) Charity Log no:

**Befriending Services- self referral form**

Age UK South Gloucestershire offers befriending to alleviate feelings of isolation and loneliness. All the befriending services are delivered by volunteers and the home visits are purely social. Due to the popularity of the service you will be placed on a waiting list whilst we recruit a volunteer. Please complete all sections of the form.

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| **Referral Details** | | | | | | | | | | | | | | | |
| **Title** |  | | | | | | | | | | | | | | |
| **Forename** |  | | | | **Known as** | | | |  | | | | | | |
| **Surname** |  | | | | | | | | | | | | | | |
| **Date of Referral** |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Processing your data** | | | | | | | | | | | | | | | |
| In order to run the befriending service, we need to store information about our clients. The law says that we must get your consent to do this. Everything you tell us will be treated confidentially and your data will be treated in accordance with our Data Protection & Confidentiality Policy. | | | | | | | | | | | | | | | |
| **I consent to Age UK South Gloucestershire recording personal information about me:** | | | | | | | | Yes | |  | | No | |  | |
|  | | | | | | | | | | | | | | | |
| **Service** | | | | | | | | | | | | | | | |
| **We offer three types of befriending services; please select the service you require?** | | | | | | | | | | | | | | | |
| Telephone befriending |  | Home visit befriending |  | | Telephone befriending whilst waiting for home visit befriending | | | | | | | | | |  |
| Age UK South Gloucestershire offers befriending to alleviate feelings of isolation and loneliness, to assess the impact of the service over time we use the De Jong Gierveld Loneliness scale. **As such please record your response 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 | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who is completing this form** | | | | |
| **Are you completing this form for yourself?** | **Yes** |  | **No** |  |
| **If no, who is completing the form and what is your relation to the referral?** |  | | | |
| **Please sign to confirm you have consent on the individual being referred behalf to complete this form:** |  | | | |

|  |  |
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| **Personal Details** | |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **GP practice name, address and telephone number:** |  |
| **Do you have any medical conditions we need to be aware of? (please provide details):** |  |
| **Do you use a care company? Please provide details e.g usual times of visits and which company.** |  |

|  |  |
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| **Emergency contact**: Please can you provide details of a next of kin or an emergency contact. This will be used in line with our Data Protection policy and will be provided to your Befriending Volunteer in case of emergency. At your request we can also let them know one of our volunteers will be visiting. | |
| **Name:** |  |
| **Relationship to you (e.g daughter or friend):** |  |
| **Telephone number:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **Befriending Service:** In ordertobest match you with a volunteer we need a few details about you. We will do our best to match you with a volunteer who meets your requirements but we cannot guarantee an exact match. | |
| **Ideally, when is the best time to call/ visit e.g daytime, evening, weekends** |  |
| **What are your interests? e.g sport, gardening, craft** |  |
| **Some of our volunteers have allergies and health problems, do you have any pets or do you smoke?** |  |
| **Accessibility**  **e.g. Is the house down a long country lane? Are there lots of steps?** |  |
| **If you would like your next of kin present at the first visit this is fine, please just let us know at the booking stage of your first visit.** |  |

**We like to keep in regular contact with our service users and periodically produce newsletters. How would you like to receive them?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topic** | | | | | | |
| **Service User** | **By email?** | Yes | No | **By post?** | Yes | No |
| **General** | **By email?** | Yes | No | **By post?** | Yes | No |

**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.

|  |  |  |
| --- | --- | --- |
| Age | | |
| Date of Birth  OR Age |  | Prefer not to say |
| Click here to enter text. |

|  |  |
| --- | --- |
| **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 |

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

|  |  |  |
| --- | --- | --- |
| **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 |

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

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

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

Please return this form (NO STAMP NEEDED) to:

Freepost RTEX-ERLY-HUYS

Age UK South Gloucestershire, 67 High Street

Thornbury, Bristol, BS35 2AW

**Or via email to:**

befriending@ageuksouthglos.org.uk