

Befriending Service Referral Form (for telephone-based assessment)

All information provided here will be treated in line with our GDPR policy. It will be made available to The No.1 Befriending Agency staff for the purposes of assessing suitability for our services and, if accepted to receive our services, with registered volunteer befrienders for the purposes of providing a befriending service.

(Please tick in the box what support client would prefer; referral to more than one area will be accepted)

- Virtual Group Events (clients over 18 years old)**
- In-person events (clients over 18 years old)**
- Befriending Plus support services (paid service)**

Client Surname	Client First Name
Client Address	Client Phone Number(s)
Contact Person/Next of Kin	Contact Person Phone Number(s)
Referrer Name	Referrer Organisation
Referrer's Phone Number	Referrer's Email Address
Client's Date of Birth	Clients Age

1. Does the client live alone?

2. How often does the client have contact with other people per week? Please specify friends/family/neighbours, including phone calls.

3. In general, can the client go out alone/with support/housebound? (If they are interested in in-person events, would they be able to make their own way there?)

4. Client's ability to use the internet and social media

A. Does the client have access to the internet?

- Yes
- No
- Do not know

B. Does the client have a device?

- Yes
- No
- Do not know

C. Is the client familiar with/ able to use social media?

- Yes
- No
- Do not know

D. Does the client know how to use Zoom?

- Yes
- No
- Do not know

E. Does the client require support with setting up their device/Zoom?

- Yes
- No
- Do not know

F. Other comments:

5. Please detail the current care package. (provider/frequency/nature of support provided)

6. Please detail the reasons for the client being socially isolated (e.g. shielding, physical health/mental health/mobility/lack of confidence etc.)

7. RISKS (please include details of any behaviour issues, substance abuse, physical health or mental health factors or any other issues which have the potential to cause a risk to staff or volunteers.)

8. In what way do you think the client would benefit from receiving services in the particular project referred for?

9. ANY OTHER RELEVANT INFORMATION (please continue on a separate sheet if required)

For Referrers:

I confirm that the information provided here is a true and accurate reflection of my knowledge of the person being referred and that all information relevant to the provision of a befriending service has been provided.

Signature:

Date:

For The Client Being Referred:

I confirm that the information I have provided in respect of the referral for befriending services is true and accurate and that I consent to be referred to The No.1 Befriending Agency and to this information being shared with their staff, project partners and registered volunteers as necessary.

Signature:

Date: