

**Private and Confidential**

**Befriending Scheme Referral**

**Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Telephone No: |  | Email Address: |  |

**Client Details**

|  |  |  |
| --- | --- | --- |
| Title | Mr/Mrs/Miss/Ms/Other | |
| First Name |  | |
| Prefer to be called |  | |
| Surname |  | |
| Daytime telephone No |  | |
| Evening telephone No |  | |
| Date of birth |  | |
| Gender |  | |
| Please tell us about current health conditions and any disabilities |  | |
| Brief family & social history i.e. employment, interests, recent bereavement |  | |
| What do you hope to get out of the befriending service? | | |
| Reduced feelings of isolation | |  |
| Reduced feelings of anxiety | |  |
| Improved levels of wellbeing | |  |
| Improved quality of life | |  |
| Companionship | |  |
| Is there anything else we should know? | | |
|  | | |

I agree to my details being shared with the Telephone Befriending Scheme Co-ordinator and volunteers and confirm I have received of a copy of the scheme agreement.

Signed/signed on behalf of........................................................................................

Please send to vcshub@blaby.gov.uk

Please return to vcs.hub@blaby.gov.uk

If you have any queries/require further information please call me direct on 0116 272 7718