**CONFIDENTIAL**

**Sutton Befrienders Referral Form**

The information provided in this form will be used by the ***Sutton Befrienders team*** to:

* Enable the Befriending Coordinators to match the client with a volunteer befriender who has the appropriate skills and interests.
* Assist in the organisation of the practical aspects of the relationship, such as where to meet and how frequently,
* Contact the client or carer directly to arrange an initial assessment.

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| **Details of the Client being referred to participate in Befriending and/or Sports Buddy** |
| **Name** |  | **Date of Birth** |       |
| **Address** |       |
| **Town** |       | **Post Code** |       |
| **Telephone** |       | **Mobile** |       |
| **email** |       |
| **Signature (if possible)** |  | **Date**  |  |
| **Details of the Referrer**  |
| **Name** |  |
| **Telephone** |       | **Mobile** |  |
| **email** |  |
| **Job Title** |       |
| **Organisation** |  |
| *Please sign below to show you have asked for consent to make this referral. All information will be kept confidential in accordance with Volunteer Centre Sutton’s Policies & Procedures.* |
| Has the person given their consent for referral/expressed an interest in the Befriending Service[x] Yes [ ]  No**Signed by: Referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_** |

To assist the service with the assessment, please complete the following sections of the form in as much detail as you are ablet to. If we don’t feel we have enough information provided to us, we will need to contact you before we are able to accept this referral:

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| --- |
| Brief outline of current circumstances (with regards to accommodation, family situation, employment if relevant, other):  |
|  |
| **Please indicate level of family support:**  |
|  |
| **Details of any relevant medical conditions/special needs (Mobility issues/Mental Health):** |
|  |
| **Are there any other agencies providing support or care, do they attend any groups, clubs or day centres? If so, please give details.** |
|  |
| **Leisure Interests, Past Times, Sports and/or Hobbies:** |
|  |
| **What benefits do you think the person will gain from having a volunteer befriender or buddy:** |
|  |
| **Please provide any other additional information about the person referred that might prove helpful in making a successful match with a Befriender or Buddy, for example can they make arrangements and handle money independently?** |
|  |
| **Are there are risk or issues the service need to know about before arranging a home visit;**  |
| **Risk to self:****Risk to others:****Risk of falls/accidents:****Other (allergies, smoker, please indicate if there are any pets or issues with the property) :** |
| **Please Complete if known:****Next of kin, primary carer or person to contact in an emergency:****Phone number:****Email address:****Relation to person being referred:** |

Please email the completed form to befriending@vcsutton.org.uk

or post to:

**Sutton Befrienders**
**Volunteer Centre Sutton**
**Market House**
**216-220 High Street**
**Sutton**
**SM1 1NU**