**CONFIDENTIAL**

**Sutton Befrienders (part of the Volunteer Centre Sutton) Referral Form**

By providing this information to the ***Sutton Befrienders team*** you are:

* Giving us consent to capture and store this information. Data will be uses for reports.
* Enable the coordinators to match the client with a volunteer or the service most appropriate to their needs, goals and interests.
* Giving us permission to contact the client or carer directly to arrange an initial assessment.

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| **Please tick the service you are referring to;**Befriending (telephone or in person) **☐** Please complete sections 1,2,3Activity Buddy **☐** Please complete sections 1,2,3Group activities **☐** Please complete sections 1,2 |
| **Section 1. Contact details of the Client being referred**  |
| **Name** |  | **Date of Birth** |       |
| **Address** |  |
| **Town** |       | **Post Code** |  |
| **Telephone** |  | **Mobile** |       |
| **Email** |  | **Sexuality (optional)** |  |
| **Gender (optional)** |  | **Ethnic Origin** |  |
| **Signature (if possible)** |  | **Dat** |  |
| **Section 2. 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: \_\_ / \_\_ / \_\_\_** |

For befriending and buddying, please complete the following sections of the form in as much detail as possible. 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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| Section 3. *For referral to Befriending and Activity/Sports buddy only*  |
| Brief outline of current circumstances (with regards to accommodation, do they live alone, family support, employment, if relevant, other):  |
|   |
| **Details of any relevant medical conditions/special needs (Allergies/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 that might prove helpful in making a successful match with a Befriender or Buddy:** |
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| **Are there any risk or issues the service need to know about;**  |
| **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) :** |
| **GP Details****Name of GP:****Name of Surgery:****Phone number:**  |
| **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**