Before returning this form please ensure that the service user knows about the scheme and is happy to be referred.

Once completed return to us via email to sportsbuddying@vcsutton.org.uk or by post to Volunteer Centre Sutton.

## Service User Details

|  |  |
| --- | --- |
| Name:  | Date of Birth:  |
| Address: |  |
| Telephone: |  |
| Email: |  |

## Details of Person Referring

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Relationship to Service User: |  |

## Primary Supporter’s / Carer’s Details

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Relationship to Service User: |  |

**Service User’s Personal Details**

Please complete with as much detail as possible. Details of any risk assessment or guidelines should be included.

# Diagnosis

# Medical Needs

**Name and Address of GP** **Practice** *(optional)*

**Mental Health Needs** *(please include details of any challenging behaviour)*

# Mobility *(wheelchair user, possibility of falls etc)*

# Safety Issues *(including road safety awareness)*

# Personal Care Needs *(any assistance needed with toileting, etc.)*

# Communication Skills *(speech, level of understanding, etc.)*

# Leisure Interests / Favourite Sports

# Could the service user make arrangements to see a volunteer independently?

## Does the service user have the ability to handle money independently?

# Availability *(When would the service-user like to go out with their buddy?)*

## Other Issues *(relating to the service user having a buddy)*

**Next of Kin and Contact Number (if different to primary carer above)**

**Data Protection**

We use the information provided to find the most appropriate volunteer for each service user. We will pass on relevant information to volunteers, once they are matched with a buddy.

All information is stored securely and is only accessed by Buddy Scheme staff.

Once a service user has left the scheme we will delete all the personal information we hold on them.

Signed ……………………………………..

Date ……………………………………….

**MONITORING FORM**

We are asked by our funders, Comic Relief, to provide information on the service users of the Sports Buddy Scheme. This is to ensure that we are reaching as many people as possible in the borough.

Please could you provide the following information. You do not have to fill in this form, and choosing not to fill it in will make no difference to you getting a buddy.

**What is your Ethnic Origin?**

|  |  |  |  |
| --- | --- | --- | --- |
| White English/Welsh/Scottish/Northern Irish/British |  | Indian  |  |
| White Irish |  | Pakistani |  |
| Gypsy or Irish Traveller  |  | Chinese  |  |
| Any Other White Background  |  | Korean  |  |
| Black English/Welsh/Scottish/Northern Irish/British |  | Tamil |  |
| Caribbean |  | Bangladeshi  |  |
| African  |  | Other Asian Background |  |
| Any other Black Background |  | Arab |  |
| White & Black Caribbean |  | Any Other ethnic group |  |
| White & Black African |  | Prefer not to say |  |
| White & Asian |  |  |  |
| Other Mixed Background |  |  |  |

**What is your Religion?**

|  |  |  |  |
| --- | --- | --- | --- |
| Christian |  | Buddhist |  |
| Hindu  |  | Jewish |  |
| Muslim |  | Sikh |  |
| Other Region |  | No Religion |  |
| Prefer not to say |  |  |  |

Which of the following best describes how you think of yourself?

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual |  | Bisexual |  |
| Gay  |  | Other – please tell us |  |
| Lesbian |  | Prefer not to say |  |

**Are you happy for us to share this information with Comic Relief?**

**Yes**   **No**