**Befriending: Referral Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Referred by** & why referred |  |
| **Date of birth** |  |
| **Date of enquiry** |  |
| **Tel Numbers** |  |
| **Address** |  |
| **Email address?** |  |
| **GP** & any significant health alerts |  |
| **Family situ** & other people / pets in the household? |  |
| **Getting by**(Shopping, contact with others) |  |
| **Personal Interest info** |  |
| Consent gained for sharing info with HTL & for the purpose of providing & helping our befriending service **Y / N**  |
| **Other** |  |

***Please email this to*** ***volunteer@handstogetherludlow.org.uk***

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 **For Befriender Team Leader to Complete:**

**Allocated to: By: Date:**

 *Please email to the befriender & volunteer coordinator once the pairing has been agreed, thanks*