**A picture containing text, clipart

Description automatically generatedBefriending: 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***](mailto:volunteer@handstogetherludlow.org.uk)

**++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++**

**For Befriender Team Leader to Complete:**

**Allocated to: By: Date:**

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