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|  **Connecting With Your Community****Referral Form** |
| **Connecting with your community is a befriending project, focusing on reducing loneliness and isolation within the Torridge area. All of our befrienders are volunteers.****Clients can be offered the choice of Face-to-Face Visits or Telephone calls, please bear in mind we have a limited number of befriending volunteers, and each referral will be assessed and prioritised on the individual's needs. We cannot guarantee that each referral will have a befriending volunteer matched to them.**  |
| ***\*This service does not support the provision of either CARE or PRACTICAL HELP.***  |
| **Date of Referral**  | **Referred by (Organisation)** |
| **Name of Referrer** | **Position** |
| **Email Address** | **Contact Number** |
| **Client Details** |
| **Consent to this referral. If you are referring a client please ensure that you have their consent to do so? YES/NO** |
| **First Name**  | **Preferred Name**  | **Surname** | **Mr/Mrs****Miss/Ms/Other**  |
| **Date of Birth** | **Gender- Male/Female/Other** |
| **Email Address** | **Contact Telephone Number** |
| **Address** |
|  | **Postcode**  |
| **Does the client have any befriending from any external organisations?**  |
| **Does the client live with anyone? Please state relationship:**  |



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| **Relevant Client Information (required to facilitate a befriending relationship)** |
|  **Does this client have mobility problems e.g (hard of hearing, a history of falling or other?)** |
| **Have you visited the client's home? (please include****a date)** | **If YES is there anything that we need to be aware of before a coordinator/volunteer enters the home (trip****hazards, uneven access)** |
| **Does the client smoke?** | **Does the client have any pets?** | **Is the client a hoarder?** |
| **If you have answered YES to any of the above, please give further details.** |
| **Client's Wellbeing**  |
| **Main reason for requiring the befriending service, i.e loneliness or social isolation. Please use this space to tell us about your client.** |
| **Please be aware that although we will strive to offer your preference, availability will be dependent upon the availability of our volunteers and their location. Please consider the following options.** |
| **Telephone befriending** | **In Person Befriending** |
| **Please return this form to:** **neighbourhood@ttvs.org.uk** **or 14 Bridgeland Street, BIDEFORD, Devon. EX39 2QE** |
| **Registered Charity Number 1125142. Company Limited by Guarantee. Registered in England 6577677** |

