 **Highgate Newtown Community Centre**

 **25 Bertram Street**

 **London N19 5DQ**

 **0207 272 7201 / 07483145587**

 **Revah.larraine@outlook.com**

**BEFRIENDING REFERRAL FORM**

|  |
| --- |
| Date of application: |

To enable us to make the best befriending match for your client please complete this form in as much detail as possible in BLOCK CAPITALS.

**1. REFERRER**

Name:

Designation:

Organisation:

Address:

Contact Telephone No:

E-mail address:

**2. CLIENT**

Name:

Address

Date of Birth:

Telephone No:

E-mail address:

**History and relevant details**

Health:

Please supply details of Care Package:

**2. CLIENT (cont)**

Family circumstances:

**3. VOLUNTEER BEFRIENDER**

Particular task or objective for befriender:

Preferred qualities of volunteer (sex, age, attitude and abilities):

How soon will your client require a befriender?

Befriending usually occurs on a weekly basis – which day/time would most suit your client?

**4. EMERGENCY CONTACTS**

**Next of kin:** **General Practitioner**:

Name: Name:

Address: Address:

Telephone No:

E-mail address: Telephone No:

**5. ADDITIONAL INFORMATION**

I give my consent that the information given on this form can be passed on to Highgate Newtown Community Centre (HNCC) for use by HNCC’s staff and volunteers in its Befriending Scheme.

I agree that the information can also be passed onto other healthcare, social and welfare organisations.

I understand that I have the right to see the information held about me by HNCC, and I have the right to request to delete this information if I so wish.”

Clients Signature…………………………………… Date…………………