

Community Companions – Client referral form

ELIGIBILITY CRITERIA	
INCLUSION CRITERIA	EXCLUSION CRITERIA
65 years old plus	Lack of capacity
Able to consent to volunteers engaging with them in their own homes	Current history of severe psychosis
Lonely, socially isolated, depressed or housebound	Drug or alcohol abuse
Healthcare professionals/family/ friends/ self-feel they could benefit from social interaction	Unsafe living environment
Must live in: Central Bradford or Baildon (BD1, BD2, BD3, BD5, BD7, BD8, BD9, BD17)	

ESSENTIAL CLIENT INFORMATION	
Forename(s)	
Surname	
Date of Birth	
Telephone Number	
Address	Postcode
Referral Reason	
Any Safeguarding Concerns	

Please send completed forms back to:

E: community.companions@nhs.net

P: Community Companions, Mind in Bradford, Kenburgh House, 28 Manor Row, Bradford, BD1 4QU