

Community companions Referral form

Eligibility criteria

Referrals must:

- Be 18 years old or over
- Be willing and able to give informed consent to this referral and to engage with befriending activity
- Be experiencing loneliness, social isolation, low mood, depression or be housebound and could benefit from social interaction with a volunteer befriender
- Live in Central Bradford or Baildon (BD1, BD2, BD3, BD5, BD7, BD8, BD9, BD17)

Referrals must not:

- Lack mental capacity to consent to this referral
- Pose a risk to others, including staff and volunteers
- Have drug or alcohol abuse problems, or unsafe living environment

Essential client information

First name/s:

Surname:

Address:

Postcode:

Date of birth:

Phone:

Reason for referral:

Are there any safeguarding or other risk concerns (risk to self, risk to others, risk from others)? Yes No

If yes, please give details

GP surgery:

Emergency contact name:

Contact number:

Relationship to client:

Essential referrer information

Name:

Job title:

Organisation:

Contact number:

Has the client consented to this referral? Yes No

Please send completed forms to community.companions@nhs.net