

**Community companions**

**Referral form**

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| Eligibility criteria |
| Referrals must:  |
| * Be 18 years old or over
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| * Be willing and able to give informed consent to this referral and to engage with befriending activity
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| * 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)
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| Referrals must not:  |
| * Lack mental capacity to consent to this referral
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| * Pose a risk to others, including staff and volunteers
* Have drug or alcohol abuse problems, or unsafe living environment
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| 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