

**Community companions**

**Referral form**

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| 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 |

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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](mailto:community.companions@nhs.net)