**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, isolation, low mood, anxiety, depression or be housebound due to social isolation and could benefit from face-to-face social interaction with a volunteer befriender in the community |
| * Live in Bradford District (Bradford, Craven, Airedale and Wharfedale) * It is important the client knows this service is focused on building their confidence in public places/social environments |
| 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 | |
| Does the individual have a CPN, Social Worker, Care Coordinator or any other support in place currently?  Yes  No  If yes, please provide their name, telephone and email:  Name:  Tel:  Email: | |
| What support does the individual have from family and friends currently? (Do they live with parents; do they meet anyone once week for lunch etc.) | |
| From discussions with your client, what would they like to get out of the befriending and work towards? (build new friendships, attend community groups like craft classes, join a gym etc, be more independent in social situations). | |
| Is there anything further we should know about the individual? (The more we know the better we can support) | |

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| Health and Communication Needs |
| Do you have any health or communication needs we should be aware of? If yes, please tick all that apply and give details: |
| Mobility problems  Epilepsy |
| Mental health problems  Diabetes |
| Hearing Impairment  Visual impairment |
| Learning difficulties  Memory loss |
| Other  No health or communication needs |
| If you ticked any of the above, please give details: |

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| Diversity monitoring | | | | | | | |
| * We use this information to help us improve fair access to our services for all, and to understand if there are any groups we could be better at supporting. * The information is collected for research purposes and will not affect your involvement with Mind in Bradford in any way. Demographic information may be shared with funders, but it will not include personal details and cannot be linked back to an individual. * Your data is handled in line with the Data Protection Act (2018). If you have any questions please contact us at [admin@mindinbradford.org.uk](mailto:admin@mindinbradford.org.uk) or 01274 730815 | | | | | | | |
| Age | Religion | | | | Gender | | |
| 18-26  55-64 | No religion  Jewish | | | | Female | | |
| 27-44  65-85 | Buddhist  Muslim | | | | Male | | |
| 45-54  85+ | Christian\*  Hindu | | | | Non-binary | | |
|  | Other | | | | Other | | |
| Prefer not to say | Prefer not to say | | | | Prefer not to say | | |
| *\*Includes Church of England, Catholic, Protestant and all other Christian denominations* | | | | | | | |
| Is your gender identity the same as you were assigned at birth? Yes / No | | | | | | | |
| Sexuality | | | | | | | |
| Bisexual  Gay Man  Heterosexual / Straight | | | | | | | |
| Gay Woman  Other  Prefer not to say | | | | | | | |
| Disability | | | | | | | |
| Do you consider yourself to be disabled, or to have a long-standing condition or illness that causes difficulty with day-to-day activities? By long-standing we mean that is has lasted or is expected to last at least 12 months. Tick all that apply. | | | | | | | |
| Physical | | | | Mental health | | | |
| Hearing or vision impairments | | | | Cognitive or learning difficulties | | | |
| Invisible disabilities | | | | Autism spectrum condition | | | |
| Any other health problem/disability | | | | No disability | | | |
| Ethnicity | | | | | | | |
| Prefer not to say | | | | | | | |
| White | | | | Black / Black British | | | |
| English/Welsh/Scottish/Northern Irish/British | | |  | African | | |  |
| Central or Eastern European | | |  | Caribbean | | |  |
| Irish | | |  | Other Black | | |  |
| Gypsy or Irish Traveller | | |  | Mixed / Multiple | | | |
| Other | | |  | White and Asian | |  | |
| Asian / Asian British | | | | White & Black African | |  | |
| Bangladeshi | |  | | White and Black Caribbean | |  | |
| Chinese | |  | | Other Mixed | |  | |
| Indian | |  | | Other Ethnic Group | | | |
| Pakistani | |  | | Arab | |  | |
| Other Asian | |  | | Any other ethnic group | |  | |

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| **Next of Kin Details** | |
| Name: | Name: |
| Telephone: | Telephone: |
| Address: | Address: |
| Relationship to you: | Relationship to you: |
| **GP Practice** | |
| GP: | |
| Address: | |
| Telephone: | |
| **Referrer Details** | |
| Name: | |
| Job Title: | |
| Telephone: | |
| Email: | |

**Please note that the befriending support could be in place for 3, 6, 9 or 12 months, so the information provided above is crucial in determining the support required. Please provide as much detail as possible.**

**Please send completed forms to** [**community.companions@nhs.net**](mailto:community.companions@nhs.net)