**CONFIDENTIAL **

**Sutton Befrienders Referral Form**

The information provided in this form will be used by the ***Sutton Befrienders team*** to:

* Enable the befriending service to maintain client records.
* Monitor service impact

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| **Details of the Client being referred to participate in the Sutton Befrienders service** | | | |
| **Name** |  | **Date of Birth** |  |
| **Address** |  | | |
| **Flat number** |  | **Post Code** |  |
| **Telephone** |  | **Ethnicity** |  |
| **Details of the Referrer** | | | |
| **Name** |  | | |
| **Email** |  | **Phone** |  |
| **Activities, Interests, Past Times and/or Hobbies:** | | | |
| **Additional information, concerns or risk:** *(Please include any* *health issues, allergies or personal information that we should be aware of)* | | | |
| **Have you gained verbal consent from your client for this referral? Yes No**  **Signed by: Referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_**  *Your information will be kept confidential in accordance with Volunteer Centre Sutton’s Policies & Procedures.* | | | |
| Please **email** the completed form to or **Post** the completed form to:  **Sutton Befrienders**, Volunteer Centre Sutton,  31 West Street, Sutton, Surrey. SM1 1SJ.  befriending@vcsutton.org.uk  For further assistance, please telephone: 020 8661 5900 | | | |