



Supporting your Local Community

Befriending Service Referral Form

Please complete as much information as possible within our referral form before submitting. We understand that you may not have access to all the requested details; if this is the case, feel free to leave those sections blank.

Beneficiary contact information:

Title:	Forename:	Surname:
Address:		
Postcode:	D.O.B:	Gender:
Tel Number:	Mobile Tel Number:	

Which areas would the Beneficiary like assistance with pending an assessment carried out by the coordinator. *Tick all that apply.*

Companionship / Befriending	
Support with Managing Correspondence (Reading Post/ Writing Letters / Gen. Admin Tasks)	
Light Shopping	
Going for a walk	
Other (please give details)	

Languages spoken by the Beneficiary:

Does the Beneficiary:

Live alone With a friend With spouse/partner/family

Is the Beneficiary in contact with:

Family Friends Neighbours

No one

Other organisations/groups (Please provide details)



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Does the Beneficiary live in a:

<input type="checkbox"/> House	<input type="checkbox"/> Flat	<input type="checkbox"/> High rise flat
<input type="checkbox"/> Nursing home	<input type="checkbox"/> Sheltered accommodation	<input type="checkbox"/> Residential care
<input type="checkbox"/> Other:		

(If applicable) Is the House/Flat:

<input type="checkbox"/> Privately owned	<input type="checkbox"/> Privately rented	<input type="checkbox"/> Council house/flat
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(If applicable) Provide contact details for the landlord:

Title:	Forename:	Surname:
Address inc postcode:		
e-mail Address:		
Tel Number:		Mobile Tel Number:

Which, if any, apply to the Beneficiary and should be brought to the attention of Positive Change?

<input type="checkbox"/> Smoker	<input type="checkbox"/> Substance Use Alcohol / Drugs	<input type="checkbox"/> Pets
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Does the Beneficiary suffer from any of the following

<input type="checkbox"/> Mobility Issues	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hearing Difficulties	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dementia	<input type="checkbox"/> Learning Difficulties
<input type="checkbox"/> Other: (Please Specify Below)		

Does the Beneficiary have a carer?	Yes / No (Please specify)	If Yes, Tick Below
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<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbour
<input type="checkbox"/> Relative	<input type="checkbox"/> Social Worker	<input type="checkbox"/>

(If applicable) Provide carer's contact details:

Title:	Forename:	Surname:
Address inc postcode:		
e-mail Address:		
Tel Number:		Mobile Tel Number:



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Beneficiaries next of Kin/Emergency Contact Information

Relationship to Beneficiary:		
Title:	Forename:	Surname:
Address inc postcode:		
e-mail Address:		
Tel Number:	Mobile Tel Number:	

Provide the contact details for the Beneficiaries GP:

Name of GP:	Name of Practice
Practice Address inc postcode:	
Tel Number:	e-mail Address:

Beneficiaries Ethnicity (please specify)

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Black African	<input type="checkbox"/> Black Other	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Asian Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed Race
<input type="checkbox"/> Other (state below)			

Is the Beneficiary aware that a referral is being made to Positive Change?

Yes No

Please provide any additional information below regarding any concerns that Positive Change should be made aware of in relation to this beneficiary's referral.



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Finally, please kindly provide us with your information, before sending your completed referral form to Contact@Positive-Change.org

Your full name and organisation name (if applicable):			
Full Address including postcode:			
Tel No:		Mobile Tel:	
E-mail:			
Where did you hear about Positive Change?			

I declare the above information is true and accurate to the best of my ability:

Print Name: _____

Date: _____