

Telephone Befriending Service – Referral Form



Client Details		
Title:	First name:	Surname:
DOB:	Telephone Number:	Address (incl postcode):
Age:	Email address:	
Marital Status:	Sexual Orientation:	Gender:
Immigration Status/Citizenship:	Employment Status:	Receipt of benefits (Y or N):
Children:	Religion:	
Key service criteria:		
<p>Any BME / Muslim woman in Scotland for whom <u>all three</u> of the following apply:</p> <ul style="list-style-type: none"> • <i>Feels lonely</i> • <i>Lacks a local social support network</i> • <i>Has access to a telephone line and is comfortable having 30 minute conversations on the phone</i> 		
Circumstances we need to be aware of (please write Y or N):		
- Diagnosed major depression or anxiety, short memory loss or dementia*	<input type="checkbox"/>	<p>* This may present a challenge to the provision of Call in Time service. We retain the right not to provide the service in cases where we consider that the service will not be able to meet peoples' needs</p>
- Hearing Impairment*	<input type="checkbox"/>	
<p><i>If you have marked Y to the above, please provide further details:</i></p>		
<p>Please give any further relevant supporting information regarding this referral (e.g dealing with life changes, loss of family connections, recently moved home, recent return from hospital, other professionals involved). Please provide as much information as possible, including an ideal time to call:</p>		

<p>Language Needs: If your client requires a befriender who speaks a language other than English, please specify here: (* Please note, while Amina volunteers speak a range of community languages, we may not be able to accommodate all requests)</p>
<p>Next of Kin (if known) / Name, telephone and relationship:</p>
<p>Referrer Details</p>
<p>Referrer Name/Job Title:</p>
<p>Organisation:</p>
<p>Contact details (please provide either a direct line telephone number or an email address that we can contact you on):</p>
<p>How did you hear about Amina Telephone Befriending?</p>
<p>Date:</p>
<p>GP Name:</p> <p>Address:</p> <p>Post Code:</p> <p>Phone Number:</p>

Please return this initial referral form:

By post:

Amina MWRC
 McCormick Business Centre
 50 Darnley Street
 Pollokshields
 Glasgow
 G41 2SE

Or by E-mail to

befriending@mwrc.org.uk

If you have any questions, please do not hesitate to contact our team by phone on

0808 801 0301