

**Befriending Scheme Referral Form**  
**CONFIDENTIAL**

This project is specifically for people who are socially isolated because of their mental health problems and uses trained volunteers as one to one Befrienders. If the person you are considering referring to this scheme presents a risk to the Befriender, they would not be suitable for the service.

This form is intended to be completed jointly with the person who wishes to have a Befriender.

**Details of referred person**

Name.....Date of Birth.....

Address.....

.....

.....

.....Phone number.....

**Referring Agency**

Name of referrer.....

Job title.....

Name of Agency.....

Address.....

.....

Phone number.....E mail .....

**Why does this person need support from a Mind Befriender?**

**Support Network** (How often is contact made?)

**Family members:**                      **Name**                                      **Relationship to applicant**

**Friends:**

**Address / Phone if applicable**

**G.P.**.....

**C.P.N. / Social Worker**.....

**Psychiatrist:**.....

**Other:**.....

**Physical Health**

**Please describe any physical illness or disability that affects the applicant's lifestyle.**

**Mental Health**

Current diagnosis (if any).....

Please provide a history of the applicant’s mental health problems. Include details of compulsory / voluntary hospital admissions. It is important that the Befriending Co-ordinator is made aware of any history of disturbing behaviour or substance  
***Attach additional information and risk assessment.***

Are there any social or rehabilitative activities that the applicant attends?

Applicants comments:

**Signatures**

Applicant.....Date.....

Referrer.....Date.....

Please return this form to the Befriending Scheme Coordinator at:  
Hillingdon Mind. Aston House, Redford Way, Uxbridge, Middlesex. UB8 1SZ