



Office Use:

Referral Form:

Community Connections
volunteer befriending scheme.

This scheme is for older people who are socially isolated due to ageing Monmouthshire. Please be aware that our volunteer befrienders are unable to provide any medical and personal care.

Please return this form to: Heather Vincent, Community Connections, Bridges Community Centre, Drybridge Park, Monmouth. NP25 5AS or email to: heather.vincent@befriendingmonmouthshire.org.uk

About the person you are referring.....

Mr/ Mrs/ Miss First Name: Last Name:.....

Address

Postcode.....Tel No..... DOB.....

Emergency contact name: (if available).....

Emergency contact number: (if available)

Does this person live in any of the following accommodation?

- Monmouthshire Housing Association / Charter / Melin homes : Yes / No

If yes please state which _____

- Sheltered accommodation : Yes/ No

Are there any communication/mobility or health issues that we need to be aware of?: e.g. Mobility problems, sensory impairment, breathing problems, heart problems, communication problems, depression, use of walking aids or wheelchair.
If yes, please specify:

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.....

About the person's background and interests.....

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.....

Why does this person require befriending?

.....
.....
.....

Would this person prefer: (please tick as appropriate)

One to one befriending

Join one of our social groups

or both

About you, the referrer.....

Your Name:Agency:

Address:

Postcode:.....Tel No:.....email.....

Does this person have a care plan? Yes / No

If yes, would this be available upon request? Yes/No

Does this person have a risk assessment? Yes/No

If yes, would this be available upon request? Yes/No

Has the person you are referring agreed for us to contact them to discuss the befriending scheme.

Yes No

Referrer's signature: Date:.....