**BEFRIENDING SERVICE | REFERRAL FORM**

**Office Use only:-**

**Staff Name**:

**Forwarded To**:

**Date**:



**CRITERIA: Live in Tameside or Glossop.**

**Over 50’s with minimal support or no connections will be prioritised.**

**Referrals for 18 and over will be considered but may result in signposting to groups / services rather than befriending.**

**1. Personal Details**

Name: Mr/Mrs/Miss/Ms/Other

Date of Birth (dd/mm/yyyy): Gender:

Address:

Town/Village: Postcode:

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Other Information**

Reason for Referral:

Relevant Medical History:

Are there any other agencies already involved or awaiting involvement?

If so, please state:

Does the client have any other forms of support (e.g., family or friends)?

**Please note: priority will be given to**

**those with limited support.**

Does the client have short term

memory loss?

(Has there been a diagnosis?)

Are there any communication difficulties?

To your knowledge, would you consider there to be any risk in visiting the client as a lone worker? (If yes, please explain).

 **3. Person Referring**

Name:

Agency/Organisation/Relationship to the Referred:

How long have you known the Referred?

Contact No:

Email:

Signed: Referral Date:

**4. Referred signature**

I confirm that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my details to be put forward to Silver Cord **(please state if verbal consent)**

Signed: Date:

Once completed, please email to: **admin@silvercord.co.uk**

**Office:** 0333 772 1939

**Website:** <https://silvercord.co.uk>

**Latest referral form available to download at:** [How to Access the Service - Silver Cord](https://silvercord.co.uk/5/How-to-Access-the-Service)

**Postal Address:** 27 Home Farm Avenue, Mottram, Hyde, Cheshire, SK14 6JC

