



# Glasgow's Golden Generation

## Befriending Service

### Client Referral Form

#### Contact Information

Engagement Volunteer Manager - 07538979427

South Befriending Services 0141 649 8800

[southbefriending@glasgowgg.org.uk](mailto:southbefriending@glasgowgg.org.uk)

East Befriending Services Project Co-ordinator 07538797909

[eastbefriending@glasgowgg.org.uk](mailto:eastbefriending@glasgowgg.org.uk)

The Clients privacy is important to us and we will only contact the client to gather information to achieve a suitable befriending relationship.

We will call the client to explain the service and arrange to meet the client to complete an information form.

Minimum age for referral is 55 years.

**We have updated our privacy policy in line with the recent GDPR 2018 regulations, which is available on request.**

### **About the Person Referred**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ D.o.B \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (a) \_\_\_\_\_ (b) \_\_\_\_\_

We can also contact a nominated person to explain more about our Befriending services to help the person to decide if the service is suitable.

If you think this would help please give their details here:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for referral: How did you hear about us?

Social work services \_\_\_\_\_ Health worker \_\_\_\_\_

Police Scotland \_\_\_\_\_ Friend/Relative \_\_\_\_\_

Housing Assoc \_\_\_\_\_ Other \_\_\_\_\_

If referring as part of your job, who do you work for? \_\_\_\_\_

Referrer's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Organisation \_\_\_\_\_

(please print)

Please provide any background information relating to the client that you think may be relevant to support the client's preferences: \_\_\_\_\_

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Please return this form to the Engagement Volunteer Manager by e-mail [karen.moyes@glasgowgg.org.uk](mailto:karen.moyes@glasgowgg.org.uk) or by post : Engagement Volunteer Manager, Glasgow's Golden Generation, 7 Sandyford Place, Glasgow G3 7NB.