



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

East Befriending Services Project Co-ordinator 07538797909

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.

About the Person Referred (please print)

Personal Details

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: _____ Relationship: _____

Address: _____ Tel: _____

Reason for referral:

How did you hear about us?

Social work services ___ Health worker ___ Police Scotland ___ Friend/Relative ___

Housing Assoc ___ Community Falls Prevention Programme ___ Other ___

Referrer's Name: _____ Organisation _____ Tel: _____

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

I agree to the above information being shared with Glasgow's Golden Generation to facilitate this referral:-

Client signature _____ Date _____

Proxy signature _____ Relationship _____ Date _____

Please return this form to the Engagement Volunteer Manager via e-mail to:

karen.moyes@glasgowgg.org.uk

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

Brief outline of present circumstances.

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How does the person relate to others?

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What benefits do you think the person would gain from having a Befriender?

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What activities would the person like to do with their Befriender?

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Brief description of the type of Befriender they would prefer (i.e. male/female; age; interests etc.).

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What hobbies and interests does the person have?

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Please provide any other additional information about the person referred that might prove helpful in making a successful match with a Befriender.

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Has the person given their consent for referral/expressed an interest in the Befriending Service?

Yes No

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