



# Glasgow's Golden Generation



## Befriending Service Client Referral Form



### Contact Information

Engagement Volunteer Manager - 07538979427

South Befriending Services and East Befriending Services Project Co-ordinator 07538797909

North East and West Befriending Service 07494645619

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: \_\_\_\_\_

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#### 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:

\_\_\_\_\_  
\_ 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](mailto:karen.moyes@glasgowgg.org.uk) or by post : Engagement Volunteer Manager, Glasgow's Golden Generation, Room1.16, Red Tree Business Suites, Bridgeton, 33 Dalmarnock Road, Glasgow G40 4LA

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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](mailto:karen.moyes@glasgowgg.org.uk)

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

