**3 Glens Community Care Befriending Referral Form**

**Guidance for referrers:**

The 3 Glens Community Care Befriending service is provided by volunteers offering social and practical support to adults, their families or carers, who are considered to be isolated or lonely, living in the Community Council areas of Fort Augustus, Glenmoriston and Glengarry. The support provided is tailored to each individual’s needs. For some clients this might be keeping them company or going out on trips whilst for others the support enables their family carers to have time to themselves knowing their loved one is being well looked after; support may be in person or by telephone.

Each volunteer delivering the service will be trained and supported by 3 Glens Community Care and Highland Hospice staff. All volunteers will have successfully completed PVG checks, driving checks and be trained to the minimum level agreed before they are matched with a service user. The role of the volunteer is to visit people, provide a friendly ear, as well as extra practical assistance to help reduce anxiety and stress.

3 Glens Community Care Befriending volunteers are not allowed to become involved in personal care, medical care, domestic tasks, such as cooking and cleaning, or financial and legal matters. They are not counsellors.

**Eligibility criteria:**

People aged 18+

**Process after referral:**

Once the referral form has been received the Development Officer will then contact the person to discuss their particular needs and interests following which they will be matched with a volunteer. You will receive information on the outcome of your referral.

**Data Protection**

This information is collected for the purpose of the management of 3 Glens Community services. It will be stored and managed in accordance with 3 Glens Data Protection and Confidentiality Policies and Procedures which all conform with current data protection legislation. It will not be shared without the prior consent of the person it applies to.

**Service user details:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **DOB** |
| **Has the service user given consent for this referral**? **If no, reason** |
| **Address** **Post code**  |  |
| **Home Phone Number****Mobile Number** |  |
| **Email address**  |  |
| **Main Carer if applicable** **Relationship** |  |
| **GP Practice** (if appropriate)**Contact Details** |  |
| **Any relevant medical information**  |  |
| **Reason for referral** |  |
| **Any support currently in place**  |  |
| **Any risk factors for volunteers** |  |
| **Name of referrer/Organisation & phone number** |  |
| **Service flyer given:** **If no, reason:**  |
| **I confirm this person meets the criteria for this service** |
| **Signature**  |  **Date**  |
| **Please send this referral form to 3Glens Development Officer** **contact@3glenscare.org** **07507627990** |

Office use:

|  |  |
| --- | --- |
| **Referral form received** |  |
| **Allocated service number**  |  |
| **Outcome communicated to referrer** |  |