

## Referral Form



For Telephone Befriending

Face to face Befriending

Title: Mr/Mrs/Ms/Ms/Other.....

Name of Service User:

Gender:

Prefers to be called:

Date of Birth:

Address:

Postcode:

Home Phone:

Mobile:

Email:

Preferred day/time for visit/phone calls:

FOR TELEPHONE BEFRIENDING preference for female/ male caller or don't mind:

Emergency contact name and number:

Other family members at home:

Name of GP:

GP Phone No:

Name of GP Practice:

Relevant Medical History:

Please outline the needs of the Service User and the support they would like:

Hobbies and interests:

Are there any risks you are aware of that would need to be considered? If yes, please give details:

### Ethnicity

White - British		Asian or Asian British - Pakistani	
White - Irish		Asian or Asian British - Bangladeshi	
White - Gypsy or Irish Traveler		Asian or Asian British - Chinese	
White - any other white background		Asian or Asian British - other	
Mixed - White and Black Caribbean		Black or Black British - African	
Mixed - White and Black African		Black or Black British - Caribbean	
Mixed - White and Asian		Black or Black British - Other	
Mixed - other		Other Ethnic Group - Arab	
Asian or Asian British - Indian		Any other ethnic group	

Has the person been referred to any other befriending services? Yes / No  
If so, please give details so we can liaise with the organisation to avoid any duplication:

The data we gather & hold in relation to our befriending service is managed in accordance with current Data Protection Law. By providing us with any personal data, and signing this form, you consent for Engage Befriending to store the above data, and for the referring organisation to be kept informed of progress. Our Privacy Notice gives further details of how we will handle your data and a copy of this can be provided on request and is available on our website [www.themustardtreefoundation.org](http://www.themustardtreefoundation.org)

**Signed**

**Date:**

**\* If the Service User has not signed this form the referrer must sign to say that the Service User is aware of this referral and is happy for Engage Befriending to contact the Referrer:**

**Person Referring:**

**Relationship of person referring:**

**Phone no:**

**Email address:**

**Referring agency signature**  
*(if relevant)*

**Date:**

**Referrals should be sent or emailed to Engage Befriending at:**

**Email:**        [engage@themustardtree.org](mailto:engage@themustardtree.org)

**Phone:**        0118 9952102/ 9567000

**The Mustard Tree Foundation, 90 London Street, Reading, Berks RG1 4SJ**

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MTF has 4 projects, identifying, empowering & supporting the overlooked or misunderstood in our community :: [Engage Befriending](#) :: [Lifeline](#) :: [The Rahab Project](#) :: [Starting Point Reading](#)