



Referral Form

Thank you for contacting the Engage team.

Please spend a few minutes reading our referral guidelines and include all necessary information to enable us to assess if we are able to support the potential service user.

About us

Engage is a befriending service providing volunteers to support those who are isolate and alone and we are passionate that every individual has the opportunity to thrive but are aware that for those with complex needs, we may not be the right organisation to refer to.

Through our network of volunteers we aim to provide one-to-one befriending, a monthly newsletter and a drop-in opportunity once a month.

We can also signpost to other organisations who offer specialist support and services for specific needs.

Referral guidelines

Whilst we do not want to turn any person away, we are not medical specialist and or trained counsellors, we are a team of volunteers and staff who want to befriend and support those who we can.

We are happy to support those who:

- Live alone and need company (aged from 26 years upwards for Engage Wellbeing and 55 years plus for Engage Befriending).
- Are isolated and need support to begin to take part in community activities
- Someone who has finished talking therapy and or wellbeing support

We are not able to support those who live in sheltered accommodation. However, we would happily accept volunteer applications from people who live in sheltered housing and want to befriend those on their doorstep.

We are not able to support those who have just left a mental health residential care place within the last six months as there are specialist organisations who can. We know other charities and organisations who have specific programmes and support those who are receiving support for recovery from substance abuse, who have a violent criminal record or who are not taking medicine as prescribed. We are not able to support people in these situations.

For those who are seeking support and have a neuro-diverse condition, we will assess them to see if we have volunteers that could support them but may signpost you to another organisation within our network of partnerships.

I have read and understood the referral guidelines (please tick the box)	
Date	

Contact information for potential service user

Title (Mr/Mrs/Ms/Other)	
Name	
Prefers to be called	
Gender	
Date of Birth	
Address	
Postcode	
Telephone	
Mobile	
Email	

Emergency contact information

Title (Mr/Mrs/Ms/Other)	
Name	
Relationship to the potential service user	
Address	
Postcode	
Telephone	
Mobile	
Email	

A little more information about the potential service user

Do they live alone? If no, please include details of others living with them.	
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GP Practice	
Name of GP	
GP Telephone number	
Relevant medical history	
Please outline the needs of the potential Service User. This will form part of our plan of support for them.	
What support would they like?	
What interests and hobbies do they have?	
Are there any risks you are aware of that would be needed to be considered? If yes, please provide details.	

<p>Has the person been referred to any other befriending service. If yes, please provide details. We will contact them to discuss the needs of the potential service user.</p>	

Ethnicity

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

<p>If you selected ‘Any other ethnic group’, please including details.</p>	
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Data Protection

The data we gather and hold in relation to the Engage project is managed in accordance with current Data Protection law. By providing us with any personal data, and signing this form, you consent for Engage to store the information provided above, and for the referring organisation to be kept informed of progress. Our Privacy Policy 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.engage-uk.org/privacy-policy/

I confirm that I have read the Data Protection statement.

Signed		Date	
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If the potential service user has not signed this form, the referrer must sign to say that they (the potential Service Users) is aware of this referral and is happy for Engage to contact them.

Person referring	
Relationship of person referring	
Telephone number	
Email address	
Signature	

Date	

Referrals should be sent or emailed to the Engage team:

Email: engage@themustardtree.org
Telephone: 0118 995 2102/0118 956 7000

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

Next steps: The relevant Regional Co-ordinator will be in touch with the potential service user to arrange a Care and Risk Assessment within the next month. We will update you after the assessment has been completed.

Thank you