Information is stored securely and confidentially adhering to the General Data Protection Act 2018.

***Does the referred person give consent for their details to be shared with SERVE:***  YES [ ]  NO [ ]

**Have the following assessments been completed prior to referral:**

Home assessment: YES [ ]  NO [ ]  Telephone assessment: YES [ ]  NO [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  **Referrer Name** |  |  **Organisation** |  |
|  **Contact Number** |  |  **Email**  |  |

**Referrer Details:**

**Referred person details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral** | Click or tap to enter a date. | **Title** |  |
| **Full Name**  |  | **D.O.B.** |  |
|  **Address** |  | **Contact Number** |  |
| **Reason befriender** **is requested** | **Would the referred person be interested in Group Befriending:** YES [ ]  NO [ ]  |

**Helping to tell someone’s story once, has the person been referred to additional services:** YES [ ]  NO [ ]

|  |  |
| --- | --- |
| **If yes, please specify** |  |

|  |
| --- |
| ***For office use only:*** |
| Date referral received: | Click or tap to enter a date. | Date of first contact: | Click or tap to enter a date. | Reference Number: |  |