|  |  |  |
| --- | --- | --- |
| **Date of Referral:** | | **Referred by:** |
| **Client Details** |  | |
| **Title:** |  | |
| **Name** |  | |
| **Address** |  | |
|  |  | |
| **Post Code** |  | |
| **Phone:** |  | |
| **Emergency Contact** |  | |
| **Living Circumstances (please describe)** |  | |
| **Reason for Referral**  **Any problems which you expect volunteer might face.** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Befriending via phone** |  | **Face 2 Face Befriender** |  |
| **Walking Buddy** |  | **Retail Therapy** |  |
| **Social activities** |  | **Other please state** |  |

**Support Requested: (Please tick all that apply)**

**Safeguarding/ Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is there a History or risk of?** | **Yes / No** | **Details** | **Applies to others in the household?** |
| Substance Abuse |  |  |  |
| Alcohol Dependence/abuse |  |  |  |
| Self-Neglect |  |  |  |
| Harm to others |  |  |  |
| Self-harm |  |  |  |
| Any relevant criminal convictions or cases pending |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Home Environment Is the Person** | **Yes / No** | **Details** |  |
| A smoker |  |  |  |
|  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equality & Diversity Monitoring** Please complete this section in as much detail as possible. The information that you provide in this section will help us to monitor and evaluate our grant distribution process and ensure that we treat all applicants equitably. | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Age Range?** |  | **17 – 24** |  | **25 – 64** |  | **65+** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Ethnic Group** | | | | | |  | **Male** |  | **Female** |  | **Other or non binary** |
|  | | |  |  |  |  |  |  |  |  |  |
| **White** |  | White British | | | |  |  |  |  |  |  |
|  | Roma, Traveller or Irish Traveller | | | |  |  |  |  |  |  |
|  | Eastern European | | | |  |  |  |  |  |  |
|  | Other white background | | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |
| **Black** |  | Black British | | | |  |  |  |  |  |  |
|  | Black Caribbean | | | |  |  |  |  |  |  |
|  | Black African | | | |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| **Asian** |  | Asian British | | | |  |  |  |  |  |  |
|  | Indian | | | |  |  |  |  |  |  |
|  | Pakistani | | | |  |  |  |  |  |  |
|  | Bangladeshi | | | |  |  |  |  |  |  |
|  | Chinese | | | |  |  |  |  |  |  |
|  | Any other Asian background | | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |
| **Mixed ethnic groups** |  | White and Black Caribbean | | | |  |  |  |  |  |  |
|  | White and Black African | | | |  |  |  |  |  |  |
|  | White and Asian | | | |  |  |  |  |  |  |
|  | Any other mixed background | | | |  |  |  |  |  |  |
| **Other ethnic group** |  | Arab | | | |  |  |  |  |  |  |
|  | Any other ethnic group | | | |  |  |  |  |  |  |
|  | Don’t know/Prefer not to say | | | |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| How many people have a disability or additional needs? |  |  |  |  |  |  |