

Befriending Services Referral Form

Thank you for your interest in Replenish UK. The information you provide will enable us to assess whether this is a suitable service for the person you are referring / supporting in their application, and may be shared with the person you are referring.

Please note the form is 4 pages in length

Please note: to enable us to make balanced and fair decisions about potential new clients please complete this form as fully as possible.

Our contact details

If you have any questions about the referral process, please contact the Replenish UK Team on 07534414146 or you can email us at: info@replenishuk.com We look forward to hearing from you soon.

Name of the person you wish to refer.	
Address	
Telephone	
Date of Birth	/ /

Does this person know you are referring her/him <input type="checkbox"/> yes <input type="checkbox"/> No	Is it OK for us to contact this person directly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have a CPN <input type="checkbox"/> Yes <input type="checkbox"/> No
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How long have you know the person you are referring, and in what capacity

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Further Information

Your Name	
Address (including organisation/team)	
Contact Number	
email	

Are there any reasons why your client could not meet a befriender on a consistent and regular basis? Please tick.

Yes

No

Unsure/possibly

If you answered 'Yes', can you tell us a bit more about this and give us a phone call?

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Please give a brief outline of how your client currently spends their week. This is very helpful to us so please provide as much information as possible.

	Morning	Afternoon	Evening
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

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Please let us know what support your client currently has from professionals (e.g. support worker, OT, psychologist, attends classes or therapy, etc.)

Please let us know what support your client currently has from family and friends (e.g. meets sister once a week, lives with parents, lunches with friend weekly)

In your view, and from discussions with your client, how isolated does he/she feel?

Please tell us about this person's mental health difficulties / mental well being?
(Please include any risk factors we should be aware of)

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Is there anything else that you wish to tell us about the person you are referring?

Referee

Can you give us the name and address of someone who knows your client in a professional relationship e.g. CPN, Support Worker, and would support your referral?

Name (professional)	
Address	
Telephone	
How known to service user?	

Signed _____

Date _____

Next steps:

Thank you for sharing this information. We will be in touch within 2 weeks of receipt. Please send form by:

Post: Replenish UK, 1, Station Cottages, Station Road, Wickham Bishops, Witham, Essex.
CM8 8JD

Or secure email: info@replenishuk.com