**Kingdom Companions Referral Form**

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| **Person being referred/befriendee** | | | |
| Name: |  | D.O.B: |  |
| Address: |  | Tel No: |  |
|  |  |  | |
| Post Code: |  |  | |
| E-mail**:**  Social worker’s name (if applicable)**:** | |  | Tel No: |  |
| Address: |  |  | |
|  |  |  | |
| Post Code: |  |  | |
| Family Doctor (if known): |  | Tel No: |  |
|  | | | |
| **Referring Agent’s Details**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: |  | |  | | | Address: |  | |  | | |  |  | | Tel  No: |  | | E-mail:  Relationship to Befriendee: | |  | | |   Do you wish to be informed of the outcome of this referral? Yes  No  Do you wish to be present at the assessment meeting? (If applicable) Yes  No | | | |

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| --- | --- | --- | --- |
| **Befriendee’s Family Details** | | | |
| Next of Kin’s Name: |  |  | |
| Relationship: |  |  | |
| Address: |  |  | |
|  |  |  | |
| Post Code: |  | Tel No: |  |

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| Other Agencies involved with the Befriendee: |
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| Outline of the Befriendee’s circumstances: |
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| Reason for the referral:  *(Please include any isolation factors and how our service may contribute to reducing this)* |
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| Does the Befriendee have any disabilities/health issues which we should be aware of? |
| |  | | --- | | Does the client have any medical conditions which we should be aware of? | |  |  |  | | --- | | How does the Befriendee relate to other adults? | |
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| Please let us know about the current level of support the Befriendee has from friends and family: |
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| Please detail below, the personal goal to be achieved: |
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Can you tell us about the self-confidence and self-esteem of the person you are referring? For example, has a recent life event negatively affected the person’s confidence?

Why, in your opinion, is this person an appropriate candidate for Kingdom Companions?

**Risk Management**Do you know of any situations which might trigger difficulties for the Befriendee which you are referring? For example, crowds, noise or public transport.

Does the person you are referring have any criminal convictions or are there any incidents involving the police that you think we should be aware of?

**Can you tell us about any risks in the home of the Befriendee which you are referring?**

Have you met the Befriendee face to face? Yes  No

Have you been inside the home of the Befriendee? Yes  No

General external environment e.g. driving access, lighting etc.

Are you aware of any domestic arrangements which might prove challenging for the volunteer?

Please note, no referral should be sent without prior consultation with the client. If applicable, have you made the family aware of this referral?

Yes  No

Referring Agent’s Name:

Signature:

Agency:

Date:

**Please return completed referral form, marked Private and Confidential to:**  
  
Nicci McDougall   
New Volunteer House   
16 East Fergus Place  
Kirkcaldy  
Fife  
KY1 1XT

E-mail: [Nicci@fva.org](mailto:Nicci@fva.org)