

Boomerang Befriending Service Referral Form

| Referrer's Information | |
|-------------------------------------|---------------------------|
| Date of Referral: | Referred by - Name: |
| Name of Organisation: | Tel No's: |
| Full Address: | Email: |
| | Fax: |
| Service User's Details | |
| Name of service user: | Tel No's: |
| Full Address (Including Post Code): | Age: <input type="text"/> |
| Any other residents at home: | |
| | |

Service User's Details

Does the service user or any members of the household have any special needs or long term illnesses?

Yes:

No:

If yes, please give further details:

Family History

Please give a family history:

Why do you think the service user would benefit from having a Volunteer?

(please attach additional sheet, if necessary)

What are the key areas on which you would like the volunteer to focus?

(please attach additional sheet, if necessary)

| | |
|--|---|
| <p>What support is already being given to the Service User by yourself?</p> | <p>Will you continue to support the service user once they have a volunteer befriender?</p> |
| <p>To your knowledge does anyone living at the address have a history of violent behaviour?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If yes, please give further details:</p> | |

It is our policy to liaise with the referring agency during the period of befriending. We would expect the referring agency to keep us informed at any changes to the family's situation.

If you wish to discuss the service user, please contact Boomerang, on 01382 455656.