



## **Volunteer Befriending Service Referral**

**STRICTLY CONFIDENTIAL**

**Date of referral:** .....

**If you are completing this form for somebody else please complete the following about you:**

Name

Job title

Email/telephone

Organisation

Does the person know about this referral?

Yes/No

### **About the person who wants a befriender**

Name

Date of birth

Gender

Nature of  
disability /  
impairment

Address

Postcode

Telephone

Email

What is the situation of the person who wants a befriender and how will he or she benefit from the service?

Are there any issues regarding 'risk' to the service user or a volunteer of which Choice in Hackney should be aware?

Yes/No

If yes, please describe or contact the Volunteer Co-ordinator to discuss:

Any other information you'd like to give, please give here:

Any other information you'd like to give, please give here:

Please complete and return to [volunteering@choiceinhackney.org](mailto:volunteering@choiceinhackney.org) or by fax to  
020 7739 8599

Please contact the Volunteer Co-ordinator with any questions by email or  
direct line 020 7613 8134