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| --- |
| **Client Details** |
| **Title:**  | **First name:** | **Surname:**  |
| **DOB:** | **Telephone Number:** | **Address (incl postcode):**  |
| **Key service criteria:** |
| Any BME / Muslim woman in Scotland for whom ***all three***of the following apply:* *Feels lonely*
* *Lacks a local social support network*
* *Has access to a telephone line and is comfortable having 30 minute conversations on the phone*
 |
| **Circumstances we need to be aware of (please write Y or N):** |
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| - Diagnosed major depression or anxiety, short memory loss or dementia\* |  |
| - Hearing Impairment\* |  |

***\* This may present a challenge to the provision of Telephone Befriending. We retain the right not to provide the service in cases where we consider that the service will not be able to meet peoples’ needs****If you have marked Y to the above, please provide further details:*  |
| **Please give any further relevant supporting information regarding this referral (e.g dealing with life changes, loss of family connections, recently moved home, recent return from hospital, other professionals involved). Please provide as much information as possible, including an ideal time to call:** |
| **Language Needs: If the client requires a befriender who speaks a language other than English, please specify here: (\* Please note, while Amina volunteers speak a range of community languages, we may not be able to accommodate all requests)** |
| **Next of Kin (if known) / Name, telephone and relationship:** |
| **Referrer Details** |
| **Referrer Name/Job Title:** |
| **Date:** |
| **Referral Source****e.g. Helpline, Helpmail, another Amina project etc.**  |

* **Glasgow office: Please save the form in the Telephone Befriending Folder in Glasgow Helpline room and one of the team will contact the client within 2 working days.**
* **Dundee & Edinburgh office: Please send this form by email to** **Helpline@mwrc.org.uk**