

Skye and Lochalsh CVO Befrienders Referral Form

Making a Referral

You can telephone Skye and Lochalsh Befrienders on 01478612921 or email communitycalls@slcvo.org.uk to discuss a referral or request a copy of this form in Word..

Please ensure that you have permission of the individual who is being referred to make this referral and please supply and please supply a telephone number or email address for the person referred.

Method of Referral (Please Tick)

Self-Referral	<input type="checkbox"/>	Specialist Nurse	<input type="checkbox"/>
GP	<input type="checkbox"/>	Police	<input type="checkbox"/>
Community Nurse	<input type="checkbox"/>	Family Referral	<input type="checkbox"/>
Home Care	<input type="checkbox"/>	Third Sector Organisation	<input type="checkbox"/>
Care/Nursing Home	<input type="checkbox"/>	Welfare Officers	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	Religious Organisation/ Church	<input type="checkbox"/>
Community Mental Health Team	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>

Your Details

Referrers Name	<input type="text"/>
Referrers Email Address	<input type="text"/>
Referrers Phone Number	<input type="text"/>
Do you have consent to make this referral?	Yes/No (Delete as Appropriate)

Client Details

Name	
Address	
Home Phone Number	
Mobile Phone Number	
Email address	
Date of Birth	
Name of main carer and relationship to the individual	
GP Practice and address	
Relevant health information	
Reason for the referral	
Support currently in place	

Risk Factors for Staff/ Volunteers	
I confirm this person meets the criteria for this service	
Signature	Date

Please send this referral form to: -

Claire Nairn
 Skye and Lochalsh CVO
 Tigh Lisigarry
 Bridge Road
 Portree
 Isle of Skye
 IV51 9ER

Or email to communitycalls@slcvo.org.uk

Office use:

Date referral form received	
Allocated Service Number	
Outcome	
Date outcome reported to the referrer	

Guidance for referrers:

Each client is different therefore the help and support offered is tailored to their individual needs. Each volunteer delivering the service is trained and supported by Highland Hospice staff. For some clients this might be keeping them company or going out on trips whilst for others the support enables their family Carers to have time to themselves knowing their loved one is being well looked after. It is the real connection with volunteers which is at the core of this service being just what the client's and their families want and need.

Skye & Lochalsh Neighbours and Friends volunteers are not allowed to become involved in personal care, medical care, domestic tasks, such as cooking and cleaning, or financial and legal matters. They are not counsellors.

Eligibility criteria:

People aged 18+ who are suffering from isolation and loneliness.

Process after referral:

Once the referral form has been received the Project Co-ordinator will then contact the person to discuss their particular needs and interests following which they will be matched with a volunteer. You will receive information on the outcome of your referral.

Data Protection

This document will be stored and managed in accordance with Befrienders Skye and Lochalsh Data Protection and Confidentiality Policies and Procedures. It will not be shared without the prior consent of the person it applies to. For more information go to <https://www.slcvo.org.uk/about-us> to download a copy of our Privacy Notice or contact info@slcvo.org.uk.