

Details of Person interested in befriending

Name _____ Date _____

Address _____ Phone Numbers: Home _____
_____ Mobile _____

Postcode _____

E-mail _____ Male Female D.O.B _____

Is the above person: A person with memory issues An adult carer

Initial Referrer - Details (If the same as above please leave blank)

Name / Title of Referrer / Address _____ Telephone Numbers:
Work _____
Mobile _____
E-mail _____

Postcode _____

Details and Consent for GP and Health Worker

Please provide details of your mental health worker (if you have one) and your GP. This gives permission for BHL staff to confidentially discuss your present circumstances with your mental health worker (if you have one) or your GP and also provides consent for them to provide information to us on your current mental health and present circumstances on an on-going basis as necessary.

Please note for Carers we will only make contact with your GP if we are concerned about your welfare at any point.

Mental Health Worker Address _____ **Telephone Numbers:**
Work: _____
Mobile: _____
Postcode _____ E-mail: _____

GP Name and Address _____ Phone: _____

Postcode _____

CONTINUED OVERLEAF...

People with memory issues only . Your Family Member, Caregiver or Nominated Person – Details and Consent

Please complete this section and sign the form below which will give us permission to contact your nominated person, family member or caregiver so Befrienders Highland staff can confidentially discuss your present circumstances, and will also provide your consent for them to provide information to us on your circumstances on an on-going basis as necessary.

Nominated Person Address

Telephone Numbers:

Tel: _____

E-mail: _____

CONSENT

I give my consent for Befrienders Highland staff to have confidential contact on an on-going basis with my family member / carer / nominated person and / or health worker and GP named above and for them to provide information to BHL as detailed above. Please sign below and return to Befrienders Highland.

Your Name _____ Signature _____

Please note if you do not wish to proceed with the referral, at point of the referral being ceased, any data held which has been gathered as part of the referral process will be destroyed after 8 weeks of last contact from yourself. Should you return to the service in the future, the necessary referral information will need to be gathered again. For further information regarding this please view our Privacy Policy or contact us.

Abbreviated Privacy Policy

(full statement is available from our website or by contacting Befrienders Highland Limited (BHL))

BHL have a legal duty under the Data Protection Act to prevent your information falling into the wrong hands. BHL must also ensure that the data BHL hold is accurate, adequate, relevant and not excessive.

BHL will make it clear which information is required in order to provide you with the information or service you need from us. You do not have to provide us with any additional information unless you choose to. BHL store your information securely on our computer system.

BHL would also like to contact you in future to tell you about other areas of our service. You can also contact us directly at any time to tell us not to send you any future information outside of information necessary for us to work effectively with you. You have the right to a copy of all the information BHL hold about you (apart from a very few things which BHL may be obliged to withhold because they concern other people as well as you).