

Details of Person interested in befriending

Name _____ Date _____

Address _____ Phone Numbers: Home _____
 _____ Mobile _____

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 _____

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: _____
 _____ E-mail: _____

GP Name and Address _____ Phone: _____

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

Please complete this section and sign at bottom of form 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: _____

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.