

# Mental Health Service - Referral Form

If you would like to refer someone to Befrienders Highland (BHL) mental health befriending services, please read BHL Mental Health Service 'Information for Referrers' to ensure this is the right service for that person, then complete this form as fully as possible and ask the person to read and sign the declaration at the bottom of this page (verbal electronic /typed signatures are accepted).  
If signing the form on behalf of the person interested in befriending, please indicate on the form that it has been verbally consented to by the individual and initial beside that statement.

**Client / Patient Details – please enter the client's / patient's details in the box below.**

Name:	Date of Birth
Address:	Tel:
	Tel:
	Email:
Postcode:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender:

**Emergency Contact Details – please enter the details of their emergency contact in the box below (if any).**

Name:	Relationship:
Tel:	Tel:

**Referrers Details – please enter your (the referring persons) details in the box below.  
If referrer is the client's / patient's nominated mental health worker or GP, please leave this section blank.**

Name:	Job Title:
Address:	Tel:
	Tel:
	E-mail:
Postcode:	

**Mental Health Worker Details – please enter nominated mental health workers details in the box below.**

Name:	Job Title:
Address:	Tel:
	Tel:
	E-mail:
Postcode:	

**GP Details – please enter the GP / Medical Practice details in the box below.**

GP Name:	Practice Name:
Address:	Tel:
	Tel:
	E-mail:
Postcode:	

I give my consent for BHL staff to have confidential contact with my nominated health professionals and for them to provide BHL with information regarding my mental health on an on-going basis, as required. I also give my consent for BHL staff to communicate with my nominated emergency contact, if needed. I agree to follow the REFOCUS Mental Health Recovery Programme.

Signed:

Date:

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**Which type of Befriending interests you? Please 'X' the Befriending Interests**

**Face to Face Befriending** (please mark preferred area).

Inverness       Nairn       Caithness       Skye/Lochalsh       Alness/Invergordon       Dingwall

**Distance Befriending** (please mark the preferred method of contact).

Telephone       Letter       Email       Video Call / Conferencing       Gaming

**How did you hear about Befrienders Highland?**

**We send out emails to our members with details of activities we offer, training courses and workshops, self-development and self-care strategies, and other health and wellbeing information and opportunities.**

**Please indicate whether you would like to receive these emails.**      Yes       No

**Please complete all sections as fully as possible, then sign and date the section overleaf. This will give us permission to contact the client's / patient's mental health worker and/or GP so Befrienders Highland staff can confidentially discuss mental health and present circumstances. It also provides the consent for the mental health worker and/or GP to provide information to Befrienders Highland on mental health and circumstances on an on-going basis, as necessary.**

**Thank you for your application, we will be in touch shortly.**

**If you have any questions regarding the form, please call the office on 01463 712 791 or email [info@befriendershighland.org.uk](mailto:info@befriendershighland.org.uk)**

**Please note, if the client / patient does not wish to proceed with the application, at point of the application being ceased, any data held which has been gathered as part of the application process will be destroyed after 8 weeks of last contact. Should they return to the service in the future, the necessary application information will need to be gathered again. For further information regarding this please view our Privacy Policy or contact: [admin@befriendershighland.org.uk](mailto:admin@befriendershighland.org.uk)**

**Abbreviated Privacy Policy**

Full statement 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 to tell you about other areas of our service or other support services we think you may benefit from. You can contact us directly at any time to tell us not to send you any 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).

**Please return the fully completed and signed form to:  
Befrienders Highland, 1st Floor, Academy House, 42 Academy Street, INVERNESS, IV1 1JT  
or email it to [info@befriendershighland.org.uk](mailto:info@befriendershighland.org.uk)**