

BEFRIENDING APPLICATION MENTAL HEALTH SERVICE

Person interested in befriending - Details

Name _____ DATE _____

Address _____ Telephone Numbers: _____

Home _____

Mobile _____

E-mail _____

Male Female D.O.B _____

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

Name / Title of Referrer / Address _____ Telephone Numbers: _____

Work _____

Mobile _____

E-mail _____

Persons interest in Befriending

1. Which type of Befriending would you prefer:

Face to Face (Inverness, Nairn or Wick only) Telephone E-mail Letter Group

Mental Health and GP Contact - Details and Consent

Please complete this section and sign this form at the bottom. This will give us permission to contact your mental health worker and/or GP so BHL staff can confidentially discuss your present circumstances and mental health. It also provides your consent for your mental health worker and/or GP to provide information to us on your current mental health and present circumstances on an on-going basis as necessary.

Mental Health Worker Address _____ **Telephone Numbers:** _____

Work: _____

Mobile: _____

E-mail: _____

GP Name and Address _____ **Phone:** _____

I give my consent for BHL staff to have confidential contact with my mental health worker and GP named above and for them to provide information to BHL as detailed above

Signed: _____ **Date** _____

We take privacy very seriously. This data will be used to establish and supervise our service. A copy of our privacy statement is available on request.

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 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).