**Referrals can be a relative or a carer for someone that has a learning disability and/or autism**

**OR**

**Someone that has a learning disability aged 18+**

**Name:**

Address:

Post Code:

Telephone No: Mobile No:

Email: Preferred method of contact?

**Referral Organisation (if applicable and referring from another organisation):**

Contact Name:

Address:

Post code

Telephone No: Email:

Relationship to person referred:

How long have you known the person?

**Brief outline of present circumstances:**

**What benefits do you think you or the person being referred would gain from having a Befriender?**

**Please provide any other additional information about yourself or the person referred that might prove helpful in making a successful match with a Befriender (including any hobbies or interests).**

Has the person given their consent for referral/expressed an interest in the Befriending Service?

Yes  No

Signature of Referrer ……………............…………………………………. Date …………………..

**FOR THE REFERRER**

*The information will be entered into our database and will be used in accordance with the principles of GDPR and the Data Protection Act 2018. Our Privacy Notice is available here:* [*https://www.rescare.org.uk/privacy/*](https://www.rescare.org.uk/privacy/)