**East and Southeast Asian Scotland Befriending referral form**

Last updated: 29.07.21

**Agency/Organisation Details**

Referring Agency/Organisation:

Contact Name:

Contact Email Address:

Contact Telephone No.:

Organisation Website:

Date of Referral:

**Client Details**

Client Name:

Date of Birth:

Client Address:

Client Telephone:

Client Email:

Country of Origin:

Relevant additional Information about clients’ circumstance:

Language and Regional Accent/Dialect:

Befriending sessions are held every Tuesday online through Zoom and every other Wednesday

In person.

 Please click this [link](https://esascotland-my.sharepoint.com/%3Ax%3A/g/personal/kimijolly_esascotland_org/EZtKmSfD1f5Jhr2JVF5NBmgBC8_XGI00OIfX318s_4X-iA?e=nFRNhG) to see time slots and dates available and indicate your preferred slot:

**Background Information**

Family/Carer Contact details:

Emergency Contact details:

GP name and telephone number:

Do you need further help or have other problems or difficulties?:

**Befriending Service**

* The role of the befriending service and the befriending volunteer has been explained to me and I am happy to receive the service.
* I consent to my personal information to be kept by ESA Scotland so that I can receive befriending and other services and information I request to support my independence and wellbeing.
* I consent to my personal information being passed to the volunteer befriender where appropriate.
* I am happy for my ‘significant other person’ to be contacted for their permission for their personal details to be kept by ESA Scotland in case of emergency

**Name:**

**Date:**

**Signed on their Behalf:**

**Return to:**

East and Southeast Asian (ESA) Scotland

Email: info@esascotland.org