|  |  |  |  |
| --- | --- | --- | --- |
| **1. Person Being Referred** | | | |
| **Name** |  | **Preferred Name** |  |
| **Address**  **Postcode** |  | **Contact Phone** |  |
| **Contact Email** |  |
| **DOB & Age** |  | **Gender** |  |



|  |  |  |  |
| --- | --- | --- | --- |
| **2. Referring Agency** | | | |
| **Agency Name** |  | **Contact Name** |  |
| **Address**  **Postcode** |  | **Contact Phone** |  |
| **Contact Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Emergency Contact Information** | | | |
| **GP Name & Practice** |  | **GP Contact Number** |  |
| **Next of Kin Name** |  | **Next of Kin Relationship** |  |
| **Next of Kin Address**  **Postcode** |  | **Next of Kin Phone** |  |
| **Next of Kin Email** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4. Key Information** | | | | | |
| **Known Issues – please mark the checkbox if ‘yes’ and provide further details**  **History of criminal convictions does not mean exclusion from the project** | | | | | |
| **Alcohol/Drugs:** |  |  | | | |
| **Mental Health:** |  |  | | | |
| **Anti-social Behaviour:** |  |  | | | |
| **Mobility Issues:** |  |  | | | |
| **Health Issues:** |  |  | | | |
| **Criminal Convictions:** |  |  | | | |
| **Sexual Offences:** |  |  | | | |
| **Medication:**  Please give details of any medication being taken. |  | | | | |
| **Type of Accommodation:** | Own | | Private | Social Housing | Other |
| Housing Provider: | |  | | |
| **Are any benefits in place?** |  | | | | |
| **Is there any debt? Are debts and arrears being dealt with/support provided to help with this?** |  | | | | |

|  |  |
| --- | --- |
| **5. Reasons for Referral** | |
| **Reasons for referral:** |  |
| **Expectations for support from Passing the Baton:** |  |
| **What organisations are already working with the individual:** |  |
| **Any additional comments or relevant information:** |  |

|  |  |
| --- | --- |
| **6. Consent** (please specify if verbal consent is given) | |
| **Client’s Signature:** |  |
| **Referrer’s Signature:** |  |
| **Date:** |  |

Please send the completed form to [ptb@bethanychristiantrust.com](mailto:ptb@bethanychristiantrust.com) or  
Passing the Baton, Bethany Christian Trust, 65 Bonnington Rd, Edinburgh, EH6 5JQ

Once we have reviewed the completed form, we will arrange for an informal assessment with the individual you have referred and ask that someone from your organisation is also present at this meeting. Please note that our befrienders are volunteers with Bethany Christian Trust and so there may be some instances where we are unable to find an appropriate match due to the individual’s circumstances or complexity of the befriendee’s needs.

*We will keep your personal data for the period of your involvement with the service and then for a further ten years in keeping with regulation. After this time it will be securely destroyed. You have the right to request access to your personal data which is held by us and to change and update those details. This request can be made through a member of the service’s staff or management.*

*Our Fair Processing Notice is available from our website* [*www.bethanychristiantrust.com*](http://www.bethanychristiantrust.com) *. If you have any further concerns about how your personal information is handled and processed by us then please contact our Data Protection Lead, based at the address of the Data Controller which is Bethany Christian Trust, 65 Bonnington Road, Edinburgh, EH6 5JQ or via* [*dpl@bethanychristiantrust.com*](mailto:dpl@bethanychristiantrust.com) *or 0131 561 8930 and we will attempt to resolve any issues you have. If you remain unsatisfied you have the right to lodge a complaint with the Information Commissioner’s Office* [*https://ico.org.uk/*](https://ico.org.uk/)

Form reviewed 27.10.20