****

**Befriending Plus**

**Criteria & Guidelines for Referral Agencies**

**Eligibility:**

|  |
| --- |
| **Essential Criteria** |
| Westminster resident |
| Over 65 years old |
| Living alone or with limited social companionship |

**Service exclusions:**

|  |
| --- |
| **Exclusions** |
| Mid/advanced dementia or Alzheimer’s or mental health issues |
| High care needs with no carer support e.g. needs lifting, cannot transfer from a wheelchair  |

**One Westminster will work in partnership with West London Clinical Commissioning Group and the Kensington & Chelsea Social Council to monitor our outcomes.**

**Referring to the service**

Please complete the form as fully as possible and send it to wellbeing.service@nhs.net. This is a secure email address that must be used for the referral process. For any queries, please contact **020 7535 0497**.

**Please ensure that the person you are referring is aware of the referral and inform them that someone from One Westminster will be in touch over the phone about befriending.**

**Befriending Plus Referral Form**

|  |
| --- |
| **CONTACT DETAILS** |
| **Title:**   |
| **First Name:** | **Last Name:** |
| **DOB:** | **NHS Number:** |
| **Address:****Postcode:** |
| **Telephone Number (Mobile):** |

|  |
| --- |
| **Reasons for requesting a volunteer befriender:** |
| **What social interaction would be required from a befriending relationship - companionship, outings, reading or other activity?**  |
| **Level of family or social support currently available:** |
| **Relevant medical history details, including mental health and mobility:** |

|  |
| --- |
| **EMERGENCY CONTACT DETAILS (Please note these will be given to the service user’s volunteer befriender for use in case of emergency)** |
| **Relationship:****Name:****Address:Telephone No:** | **General Practitioner:** **Name:** **Address:****Telephone No:** |
| **REFERRER’S CONTACT DETAILS (if appropriate)** |
| **Name:****Organisation:** |
| **Address:****Postcode:** |
| **Telephone:** | **Mobile (if applicable):** |
| **Email:** |
| **Signature: Date of referral:** |

**Please return this form marked CONFIDENTIAL to:** Befriending Plus Project Coordinator, One Westminster, 37 Chapel Street, London, NW1 5DP. Telephone: 020 7535 0497**or** **Email to:** **wellbeing.service@nhs.net**