

**RE-ENGAGE MENTORING AND BEFRIENDING**

**REFERRAL FORM**

|  |  |
| --- | --- |
| DATE |  |
| CLIENT ID | (OFFICE USE ONLY) |
| CASE ID | (OFFICE USE ONLY) |
| REFERRAL AGENT (Please write self if you are referring yourself) |  |

|  |  |
| --- | --- |
| NAME |  |
| D.O.B |  |
| ADDRESS |  |
| POST CODE |  |
| EMAIL |  |
| CONTACT NUMBER  |  |

Can a message be left at this number? YES NO

|  |  |
| --- | --- |
| How would you describe your ethnic origin?Example. (white British) |  |
| Are you registered disabled? |  |

|  |  |
| --- | --- |
| Can you briefly describe your personal experience of mental health problems. |  |

Could you please tick the following areas that you have difficulties with.

|  |  |  |  |
| --- | --- | --- | --- |
| Leaving the house |  | Being in a group |  |
| Going places on my own |  | Accessing health services |  |
| Using public transport |  | Accessing social activities |  |
| Meeting new people |  | Maintaining friendships |  |

The coordinator will contact you once your referral form has been received to discuss your needs in more detail.

We aim to match you with a volunteer who has similar interests or things in common. The following information will help us with the matching process.

|  |  |
| --- | --- |
| What hobbies and Leisure Interests do you have? |  |

|  |  |
| --- | --- |
| How would you best describe your educational and employment background |  |

Please return completed forms to

Graeme Sawyers, Mentoring and Befriending Scheme, Sunderland Mind, Sunderland, SR1 1EA.

Or email it to sunderlandmind@yahoo.co.uk marking it FAO of Graeme in the subject box

January 2014

Reg. Charity No. 510830