**BEFRIENDING REFERRAL FORM**

**Client Data Protection Notice:**

Ecas will use the information supplied on this form, including information about the client’s health to assess their eligibility and to administer our client records. **By returning this form, the client has consented to Ecas processing their data for those purposes.**

**Please ensure you have read the *Referral Criteria* before completing this form.**

**REFERRING AGENT:**

|  |  |
| --- | --- |
| NAME | REFERRAL DATE |
| ADDRESS/ORGANISATION |
| RELATIONSHIP TO CLIENT |
| PHONE – WORK | MOBILE |
| EMAIL |

**CLIENT**

|  |  |
| --- | --- |
| NAME | D.O.B. |
| ADDRESS |
| PHONE | MOBILE |
| EMAIL | CONSENT GIVEN? |

**DETAILS OF DISABILITY (including mobility aids used)**

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|  |

**Please turn over**

**Why would this person benefit from a Befriender? (please give specific reference to any** ***isolation* issues**)

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|  |

**Does the client have any disabled friends who with whom they have lost touch due to their mutual disability? If YES please give details**.

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|  |

**Does the client live in accessible accommodation? (please give details)**

**Hobbies/Interests (to help assist with matching). Additional Information**

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| --- |
|  |

**Thank you for completing this form.**

**Please email to** **sam@ecas.scot** **or return it to Ecas, Norton Park, 57 Albion Road, Edinburgh EH7 5QY. Ecas will be in touch as soon as possible.**

**Ecas’ full privacy notice can be found here:**

**https://www.ecas.scot/privacy**