**BEFRIENDING SELF-REFERRAL FORM**

**Client Data Protection Notice:**

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

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

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | | | D.O.B. |
| ADDRESS | | | |
| PHONE | MOBILE | | |
| EMAIL | | REFERRAL DATE | |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Please turn over**

**Do you have any disabled friends who you have lost touch with due to your respective disabilities? If YES please give details**.

|  |
| --- |
|  |

**Do you live in accessible accommodation? (please give details):**

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

|  |
| --- |
|  |

**Thank you for completing this form.**

**Please email to** [**sam@ecas.scot**](about:blank) **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**](about:blank)