**Befriendee Information**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Home Address:** |  |
| **Postcode:** |  |
| **Tel. Number:** |  |
| **Email Address:** |  |
| **GP Details:** |  |

**Emergency Contact**

|  |  |
| --- | --- |
| **Name of Contact:** |  |
| **Relationship to Client:** |  |
| **Contact Number (s):** |  |

**Reason for Referral**

(Why do you feel that you need a befriender?)

|  |
| --- |
|  |

**Befriendee Outcomes**

(What would you like to get out of the befriending relationship?)

|  |
| --- |
|  |

**What Are Your Hobbies/Interests?**

|  |
| --- |
|  |

**Your Preferences**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **EVE** |  |  |  |  |  |  |  |

**Areas of Risk**

(It is essential we have the following information for health and safety

reasons. The information disclosed below will enable us to assess how

best to support you and will not necessarily prevent you from

being accepted on to the project.)

|  |
| --- |
| Vfv **Do you have any criminal convictions?**  Yes No  |
| **If yes, please provide details of conviction** |
| **Are you on probation?** Yes No  |
| **Additional Information**(Is there other relevant information or areas of concern that we need to be aware of e.g. unusual or aggressive behaviour) |

**Declaration**

(I consent to the information contained in this document being shared with

Tourettes Action so that I can be matched with a suitable befriender.

|  |  |
| --- | --- |
| **Name (printed)** |  |
| **Signature:** |  |
| **Date:** |  |

**Thank you for completing this form and for your interest in the Tourettes Action befriending Project**.

Please return this form to

Emma Myers,

Tourette Syndrome (UK) Association,

The Meads Business Centre,

19 Kingsmead,

Farnborough,

Hampshire,

GU14 7SR

Or email

emma@tourettes-action.org.uk