

Date of Referral:

GOOD NEIGHBOUR – REFERRAL/ASSESSMENT FORM

Please send to info@supportnorthamptonshire.co.uk

Title:	First Name:	Surname:	Date of Birth:
Preferred Name:			
Referee Name:		Referred by (Organisation):	
Referee Address:			
Contact No:			
How did you hear about the Good Neighbour Scheme?			
Are you clear about what we do?			

Customer's details:

Telephone no:	Mobile no:
Email Address:	
Address:	
	Postcode:

Friends and Family:

Does the customer live alone?			
Next of Kin or emergency contact	Name:	Tel No.	
	Name	Date of Birth	Relationship to applicant
Does the customer receive visits from other family or friends?	How Frequent? Who are they?		
Is the customer able to get out and about independently?			

Medical Details:

GP Surgery	
GP Name	
GP Contact number	
Does the customer have any additional health issues we should know about e.g. asthma?	
Does the customer have any mental health issues? Communication concerns, mood, concentration, confusion?	

Other information

Is the customer a smoker?	
Does the customer have any pets? Please provide details	

Background Information

(Please describe the person's likes, dislikes, hobbies etc.) Any information that will help us match the customer with a suitable good neighbour volunteer
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Below is a list of examples of the Good Neighbour service please indicate which you require? (please detail on the next page if what the person needs is not on this list)	
Occasional transport	
Shopping / other errands	
Collection of prescriptions/pension	
Help with pets	
Form filling/advocacy	
Befriending visit	
Befriending Phone Call	
Information about local service	
Affordable Warmth (Energy related money Saving Advice including switching supplier)	
Buddying service (someone to take you along to a lunch club or existing service)	

Other help please specify:

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Other Services Customer Accessing:

Service/Organisation Name	Details of Service	Contact number

Risk Assessment: Is there any history of the following:-

	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Substance / alcohol abuse			
Arson				Self-harm			
Domestic abuse				Sex offences			
Financial abuse				Other please specify			

If yes to any of above please give details:

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Equality information:

Gender	Please tick as appropriate
Male	
Female	
Age	
0-24 years	
25-64 years	
65+	
Sexual orientation	
Heterosexual	
Homosexual	
Bisexual	

Marital Status:

Married		Civil Partnership		Co-habiting		Single	
Separated		Divorced		Widowed			

Nationality: British Yes No

If no please specify

Ethnic Background

White	
English / Scottish / Welsh / Northern Irish UK	
Irish	
Gypsy or Irish Traveller	
Any other white background	
Mixed / multiple ethnic groups	
Mixed ethnic background	
Asian / Asian UK	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian Background	
Black / African / Caribbean	
Black	
African	
Caribbean	
Other ethnic group	
Arab	
Other	
Religion or Belief	
No religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other religion	
Disability	
Disabled (please give details)	
Not disabled	

Additional information:

Please put any additional information that you think we should know about not mentioned in any of the questions above e.g. any cultural or faith needs

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CONSENT FORM

Support Northamptonshire is a group of organisations that manage the co-ordination of support services within Wellingborough. Once your needs have been assessed, the information you have provided will help us to find the most suitable agency that can support you. It is important that you give us accurate information.

The information you give will be shared with agencies to decide which organisation can provide you the best support. Your information will be kept strictly confidential and will not be shared without your consent except when this is in the interest of public protection.

Please sign below to confirm that you understand how the information will be used, that the information is accurate and that you agree to this information being shared with other Support Wellingborough members and the agencies we work with.

Data Protection – How we use your information

Thank you for completing this form. Your details will be kept on our database. This information will be treated as confidential and not passed to any third party. We may compile statistical data from time to time but this will not include reference to individuals.

Please sign below to give your permission for us to keep your details on our Good Neighbour database.

CUSTOMER needing support	NAME	
Customer Signature:		
REFERRAL AGENCY	NAME of Organisation	
	NAME of Worker	
Referral Agency Signature:		
Referral Agency Signature Name (if not as above)		
Date:		

Office use only: Contact Referee to advise on action taken Yes/No Date

The partnership organisations of Support Northamptonshire:

Age UK Northamptonshire Aimhigher Northamptonshire Ltd Care and Repair Catch 22 Citizens Advice Bureau Community Law Service Daylight Centre Fellowship Delos Community Dostiyo	Mayday Trust Mental Health Northamptonshire Collaboration Northamptonshire Counselling Service Northamptonshire Credit Union Northamptonshire and District Mind Northamptonshire Rights and Equalities Council Oundle Rural Mind Rushden Mind Safe Haven	Spectrum Team Work Victoria Centre Voluntary Impact Northamptonshire Wellingborough African Caribbean Association Wellingborough and East Northants Women’s Aid Wellingborough Family Hostels Wellingborough Homes Wellingborough MIND
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