Places of Welcome Buddying Project –Referral Form

|  |
| --- |
| **To be completed by the referring organisation** |
| Name of staff member making the referral: **Click here** |
| Referral organisation: **Click here** |
| Referral organisation address: **Click here** |
| Referrer’s telephone number: **Click here** |
| Referrer’s email address: **Click here** |
| Date referral made: **Click here** |
| **To be completed by the referrer with the community member** |
| Name: **Click here** |
| Age: **Click here** |
| Gender: **Click here** |
| Ethnicity: **Click here** |
| Home Address: **Click here**Home Postcode: **Click here** |
| Phone number: **Click here** |
| Email address: **Click here** |
| Primary reason for referral: **Click here** |
| Support needs disclosed: **Click here** |
| Consent given for referral to be made to Strengthening Communities Buddy Project: **Click here** |
| Data protection statement read: **Click here** |
| Protecting your data – we recognise that we have a responsibility to keep your data safe and process it in accordance with legal requirements (the General Data Protection Regulations – GDPR). The Diocese of Lichfield keeps a record of your personal data so that we can contact you and share information that we think will be relevant to you. Please see the Diocese of Lichfield Privacy Policy for more information.[registry-privacy-notice-2021.pdf (d3hgrlq6yacptf.cloudfront.net)](https://d3hgrlq6yacptf.cloudfront.net/5f3ffdd147bb3/content/pages/documents/registry-privacy-notice-2021.pdf) |

**Thank you for the referral** **Please return to** **carrie.blount@tctogether.org.uk**

|  |
| --- |
| **TCT use only** |
| Date of first contact with Community Member: **Click here** |
| Location of meeting: **Click here** |
| People attending:**Click here** |
| **Referral outcome** |
| Matched with Buddy: **Click here** |
| Signposted to relevant service: **Click here** |
| Support declined: **Click here** |
| Referral criteria not met: **Click here** |
| Other: **Click here** |