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| **ELFT Befriending Service Referral**  |
| Please complete this referral form and return via email to:elft.befriendingservice@nhs.net  |
| Service User information |
| Full Name:  |
| D.O.B:  |
| Address:  |
| Contact Number:  | Email:  |
| Description of why the Service User is being referred:  |
| How long will the Service User require the service?3 Months [ ]  6 Months [ ]  |
|  |
| Has the Service User been referred to this service previously?Yes [ ]  No [ ]  |
| Has Service User given consent?Yes [ ]  No [ ]  |
| Does the Service User require any reasonable adjustments for them to access the service? Yes [ ]  No [ ] Please state: |
| details OF RESPONIBLE clinician |
| **As the Befriending service is not a clinical, counceling or crisis service, we require the name and contact details of a responsible clinician, who we can escalate any safeguarding concerns to. The referral may not be accepted if this information is not provided.** |
| Full Name:  | Team:  |
| Contact Number:  | Email:  |
| Signature:  | Date: |