



HAVERING ASSOCIATION FOR PEOPLE WITH DISABILITIES

Whittaker Hall, 1a Woodhall Crescent, Hornchurch, Essex, RM11 3NN

Phone: 01708 476554

Textphone: 01708 438585

E-mail: admin@hadhavering.co.uk

Website: www.hadhavering.co.uk

REFERRAL FORM FOR BEFRIENDING SERVICE

DETAILS OF THE PERSON NEEDING THE CARE (The person with the disability/impairment)		DETAILS OF MAIN CARER (e.g. relative, friend, neighbour) <i><u>MUST NOT BE</u> a paid worker from an agency)</i>	
Name:		Name:	
Address:		Address:	
Tel No:		Tel :	
Mobile No:		Mobile No:	
Email:		Email:	
		Relationship :	

Referral details

Form completed by:	
Position:	
Address:	
Tel No:	



Supported by Havering Council

A registered Charity No: 1089188 Company limited by guarantee

Registration No: 4204554 England Registered office as above.

Name of Social Worker:	
Team:	
Location:	
Reason for referral:	
Other agencies involved :	
Any other information:	
May we pass your details on to other befriending projects in the borough which may be of interest to you? YES/NO	

Signed:		Date:	
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Please sign and date completed forms and return to:

Clare Kelly
 Befriending & Carers Support Co-ordinator
 Havering Association for People with Disabilities
 Whittaker Hall
 1a Woodhall Crescent
 Hornchurch, Essex
 RM11 3NN

DATA PROTECTION

The data on this form is solely for use by the Befriending Project at H.A.D in relation to the Befriending role.

Data is kept securely by the Befriending Project and may be viewed on request. A person may only view data that relates to themselves, and the project can not comply if viewing such data involves disclosing information about another individual.



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