

Referral Form – Peer Mentoring Project

This form is for the person requesting a peer mentoring service.

1. PERSON REQUESTING SERVICE

Name: Address: Postcode:	Home Telephone No: Mobile Number: Email: Date of Birth: Gender:
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Can we contact you by: Letter Phone mobile other _____

Do you have any additional support needs or communication requirements?
(e.g. mobility issues, deaf, hard of hearing, visual impairment, English not your first language)

As well as caring, what other responsibilities do you have?

- Full-time work** (more than 16 hours per week)
- Part-time work** (up to 16 hours per week)
- School/Further Education/Training**
- Other caring responsibilities**
- Volunteering or Community Work**
- Other – please specify below**

2. REASON FOR REFERRAL

Do you live with the person you care for and what is your relationship to the cared for person.

How long have you been caring for? How much time do you spend caring each week?

Tell us why the person you look after needs your support.

How would you currently describe the relationship you have with the cared for person? (Strengths, difficulties etc)

How does the level of care and support you provide affect your life?

What support or information might help improve your quality of life?

Are there any areas of safety/risk we should know about (eg: the area you live; risks to you & others, self-harm?) Is the cared for person known to Social Work Services?

Do you now, or have you ever received any formal support for your caring role? Please provide details including details of key support staff.

What, if any, support do you currently have in your life, i.e. family, friends etc.

How did you hear about the peer mentoring project?

Do you have any preference about who you are matched with? (e.g. relationship of caring role, diagnosis, gender, age etc.)

What time would you prefer to meet with your peer mentor?

Weekday - daytime

Weekday – evening

Weekend – daytime

Weekend – evening

Please provide an emergency contact

Name.....

Relationship

Address.....

.....

Telephone Number

Email Address

Signature _____ **Date** _____

Staff Signature _____ **Date** _____

Please return this form by email or post to:

Anna Gibb
Re:connect
St Andrews by the Green
33 Turnbull Street
Glasgow
G5 1PR

Email: a.gibb@gamh.org.uk
Telephone: 07912481557

Re:connect, GAMH, 33 Turnbull Street, Glasgow, G1 5PR

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