Time to Talk – Spelthorne
Self - Referral Form

Application Guidelines:
Our Time to Talk Volunteers are trained to be good listeners and to encourage and support the people they visit, to go out in their local community if they are willing and able.

We are unable to provide help with:
- **practical tasks such as, cleaning, shopping, gardening, transport to appointments.**
- **manual handling, administering medication or care.**
- **someone living in a care/nursing home.**
- **someone with high support needs e.g. severe mental or physical health issues.**
- **the client or regular visitor to the home that misuses drugs or alcohol.**

On receipt of a completed Self-Referral Form, a home visit will be arranged and a risk assessment will be conducted to enable us to determine suitability of our service for the individual referred. We would appreciate all relevant information being provided to support our consideration process.

Client Details					
Name:		Gender:		D.O.B:	
Address:					
Home phone no:		Mobile no:			
Email address:					
Emergency contact name:		Emergency contact relationship:			
Emergency contact phone number:		Individual aware and consented to the referral:		Yes/No	

Further Details	
Please complete the following as accurately as you can.	
Do you/the person you are referring: Have any mobility issues?	Yes/No If yes, please state:
Have any health conditions we need to be aware of?	Yes/No If yes, please state:
Have a hearing or visual impairment?	Yes/No If yes, please state:
Have any mental health conditions we need to be aware of?	Yes/No If yes, please state:
Have any pets?	Yes/No
Do you/person you are referring smoke?	Yes/No

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Referrer Information			
Referrer's name:		Referrer's Telephone No:	
Does the client have a social worker?	Yes/No If yes, please state: Organisation: Contact Name: Contact Address: Contact Telephone No:		
Relationship to Client: Please tick √	Self-Referral:	Family Member:	Friend: / Neighbour:
I give my permission for VSNS to store & process my data:	YES /NO		
Referrer's Signature:		Date:	

Please return this form to: Clair Dean

6 The Sainsbury's Centre, Chertsey, Surrey KT16 9AG
Email: clair@voluntarysupport.org.uk

Tel. No: 01932 571122