**Kingdom Companions Self-Referral Form**

**Personal Details**

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|  Name: |  | D.O.B:  |  |
| Address: |  |  Tel No:  |  |
|  |  |  |
| Post Code: |  |  |
| E-mail**:**Social worker’s name(if applicable)**:** |  | Tel No: |  |
| Address: |  |  |
|  |  |  |
| Post Code: |  |   |
| Family Doctor(if known): |  | Tel No: |  |
|  |

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| --- |
| **Family Details** |
|  Next of Kin’s Name: |  |  |
| Relationship: |  |  |
| Address: |  |  |
|  |  |  |
|  Post Code:  |  | Tel No: |  |

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| Other Agencies you are involved with:  |
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| Outline of your current circumstances: |
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| Reason for the referral: *(Please include any isolation factors and how our service may contribute to reducing this)* |
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| Do you have any disabilities/health issues which we should be aware of?   |
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| Does the client have any medical conditions which we should be aware of?  |
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| How do you relate to other adults? |

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| Please let us know about the current level of support you have from friends and family:  |
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| Please detail below, the personal goal to be achieved:  |
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Can you tell us about your self-confidence and self-esteem? For example, has a recent life event negatively affected your confidence?

**Risk Management**Do you know of any situations which might trigger difficulties for you? For example, crowds, noise or public transport.

Do you have any criminal convictions or are there any incidents involving the police that you think we should be aware of?

**Can you tell us about any risks in the home?**

General external environment e.g. driving access, street lighting etc.

**Please return completed referral form, marked Private and Confidential to:**

Nicci McDougall
New Volunteer House
16 East Fergus Place
Kirkcaldy
Fife
KY1 1XT

E-mail: Nicci@fva.org