



For better mental health



circle of friends

APPLICATION TO JOIN CIRCLE OF FRIENDS BEFRIENDING SERVICE

Full Name ..... Date of Birth .....

Address

.....
.....
.....Postcode.....

Home telephone: .....
Work telephone: .....
Mobile telephone: .....
E-mail: .....

Introduced to Circle of Friends by: .....

Contact number and address of person introducing

.....
.....
.....

Does the person you are introducing know that you are introducing them? .....

GP's Name and address:

.....
.....

Are there any other services or carers involved in the support of the person being introduced (e.g. a family member, a CPN, a Social Worker or a Voluntary Agency)?

- 1. ....
2. ....
3. ....
4. ....

Please tell us about your mental health/emotional needs

Does the person being introduced have any interests, hobbies or plans that would be useful for us to know about to help choose an appropriate volunteer friend?

Is there any information that Scarborough, Whitby & Ryedale Mind should know that might affect the personal safety or health of a prospective volunteer friend, Mind worker or the person being introduced.

In what ways do you think a volunteer friend might be able to help the person being introduced?

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:  
Scarborough, Whitby & Ryedale Mind, PO BOX 304, Scarborough. YO11 3YJ

Office use only

Date received