



Befriending Referral Form

1. Basic Information:

Name of person requesting service	
Address	
Telephone and/or email	

2. What is the situation of the person who wants a befriender and how will he or she benefit from the service?

3. Are there any issues regarding 'risk' to the service user or a volunteer of which Choice in Hackney should be aware?

4. Is there any other information you'd like to share?

Please email the completed form to projects@choiceinhackney.org

Or you can post the form to:

Senior Projects Administrator
Choice in Hackney
Defoe Block
50 Hoxton Street
London
N1 6LP

Please feel free to call the Senior Projects Administrator directly on 020 7613 8134 if you would like to discuss this referral



Gardening Referral Form

1. The volunteer gardening service supports disabled people. Does the person requesting the gardening service see themselves as disabled? (this category can also apply to any elderly person who cannot maintain their garden alone)

2. If no, we are unable to offer a gardening service. If yes, please complete the following:

Name of person requesting service	
Address	
Telephone and/or email	

3. please give a brief description of the person's impairment/disability and how this affects his/her ability to maintain the garden:

4. Does the person requesting the service live alone or with one or more other adults/person over 16 years of age?

Alone/other adult or adults (aged over 16)

5. Please tell us here what needs doing in the garden:

(For example, mowing, weeding, pruning, trimming grass etc.)

6. Are there any gardening tools/equipment in place? If so, please describe:

Please email the completed form to projects@choiceinhackney.org

Or you can post the form to:

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N1 6LP

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Shopping Assistance Referral Form

1. Basic Information:

Name of person requesting service	
Address	
Telephone and/or email	

2. Please describe the difficulty experienced in shopping.

3. Are there any issues regarding 'risk' to the service user or a volunteer of which Choice in Hackney should be aware?

4. Is there any other information you'd like to share?

Please email the completed form to projects@choiceinhackney.org

Or you can post the form to:

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Defoe Block
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N1 6LP

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Monitoring Information

We would be grateful if you could complete and return this form. The information you have supplied will be kept confidentially and will only be used to provide Choice in Hackney's funders with an overall profile analysis of our service users, volunteers and employees. Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

A. Your age

16-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
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B. Your disability

The Disability Discrimination Act 1995 (DDA) protects disabled people. It defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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C. Your ethnic group

(These are based on the Census 2001 categories, and are listed alphabetically)

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other Asian background (specify here if you wish)
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Black, Black British, Black English, Black Scottish, or Black Welsh

African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other Black background (specify here if you wish)
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Chinese, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group

Chinese <input type="checkbox"/>	Any other ethnic background (specify here if you wish)
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Mixed

White and Asian		White and Black Caribbean	
White and Black African		White and Chinese	
Any other Mixed background (specify here if you wish)			

White

British		Irish		Welsh	
English		Scottish			
Any other white background (specify here if you wish)					

D. Your gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Have you ever identified as transgender?

For the purpose of this question “transgender” is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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E. Your religion or belief

Which group below do you most identify with?

No religion <input type="checkbox"/>	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
Baha'i <input type="checkbox"/>	Jain <input type="checkbox"/>	Any other religion or belief (specify if you wish)
Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	
Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	

F. Your sexual orientation

Bisexual <input type="checkbox"/>	Gay woman / lesbian <input type="checkbox"/>	Other (specify below if you wish)
Gay man <input type="checkbox"/>	Heterosexual / straight <input type="checkbox"/>	

G. Where did you hear about Choice in Hackney?

Choice website <input type="checkbox"/>	The Guardian <input type="checkbox"/>	Gumtree <input type="checkbox"/>	Other – please specify
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