



Rossinver Integrated Social Enterprise

RISE Project

**New Ballagh Centre,
Tullysearney,
ROSSINVER.
Co Leitrim.**

**Phone Line: 0719854030
Fax: 0719854000**

Email: rise@rcdc.ie

Befriending Application Form

Please complete the following questions:

Section 1 – Personal Details

Name (Title (Mrs / Miss / Mr etc)

Address

Tel. No. / Mobile No:

Date of Birth:

Next of Kin:
(Relationship)

Address (If different from above)

Emergency Contact No:

Work Contact No:
(If different from above)

**2nd Contact Name:
(Relationship)**

Address:

Emergency Contact No:

**Work Contact No:
(If different from above)**

**3rd Contact Name:
(Relationship)**

Address :

Emergency Contact No:

**Work Contact No:
(If different from above)**

Clients G.P. Name

G.P. Address :

G.P. Contact No:

<p>What days/times would you be able to meet your befriender? (Please specify)</p>
<p>What are your hobbies & interests?</p>
<p>Do you have any preferences regarding your befriender (e.g. gender)</p> <p>Please indicate your preferences:</p>
<p>Are there any tasks that you would like your befriender to assist you with?</p>
<p>Do you have any current or prior Health Problems?</p>
<p>Do you have regular contact with any Health Care Professionals e.g. Public Health Nurse, Psychiatric Nurse? Yes / No</p> <p>(If yes please list, with contact phone numbers where possible)</p>
<p>Do you have regular Home Support (Home Help)?.....Yes / No</p> <p>If yes please give details where possible</p>
<p>Do you attend any Day Care Services currently? Yes / No</p> <p>If yes please indicate where + times of attendance.</p>

<p>Client Signature:</p> <p>RISE Coordinator:</p> <p>Date:</p>
