

STUDENT



FRIENDS

Referral form

Omega is working with secondary schools and colleges to deliver the free befriending service, Student Friends. Via Omega, socially isolated and lonely clients receive supportive letters from students. Clients can also write back, if they wish. Complete this form to refer yourself or someone you know.

If you are completing this form for yourself, go straight to: Section 2 · About the client.

Section 1 · About the referrer

Name:

Phone:

Email:

Relationship:

If professional referrer, employer:

How did you hear about Omega?

Section 2 · About the client

Title:

First name:

Last name:

Address line 1:

Address line 2:

Town / city:

County:

Postcode:

Date of birth:

Phone:

Mobile:

Email:

Would you prefer a student who is:

Male

Female

Don't mind

Additional information - tick all that apply:

Lives alone

Over 75

Bereaved

Caregiver

Former caregiver

Socially isolated

Continued overleaf

Your general hobbies and interests - tick all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Arts / crafts | <input type="checkbox"/> Cooking / food |
| <input type="checkbox"/> Culture / history | <input type="checkbox"/> Family | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Music | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Sports / fitness | | |

Specific details about your hobbies and interests, to help us match you with a penpal:

Significant life event(s) / information:

Please tick which ethnicity you identify with:

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian British | <input type="checkbox"/> Black |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Mixed | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | | |

Would you describe your sexual orientation as:

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay / Lesbian | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say | |

How did you hear about Omega?

Consent to storage of personal information on Omega's database - tick required:

- I agree to Omega storing my information and sending me communications.

Tick to subscribe to the Omega Newsletter by: Email Post

Signed: **Date:**

Section 3 · Client's emergency contact

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Relationship:	<input type="text"/>

Post this form to: Student Friends, Omega, London House, Town Walls, Shrewsbury, SY1 1TX