

LETTERBOX



**PENPAL
BEFRIENDING**

Referral form

Letterbox is a free penpal befriending service for socially isolated and lonely people. Our clients are carefully matched to volunteer befrienders, with whom they exchange supportive, friendly letters. 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 penpal befriender who is:

☐ Female

☐ Male

☒ Don't mind

Would you consider being matched to a young befriender:

☐ Yes

☐ No

Additional information - tick all that apply:

☐ Bereaved

☐ Caregiver

☐ Former caregiver

☐ Lives alone

☐ Over 75

☐ 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:

Tell us about any significant life event(s) or other information which you think is important:

Would you describe yourself as having a disability? If yes, please give details:

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 | <input checked="" type="checkbox"/> Prefer not to say |

Would you describe your sexual orientation as:

- | | |
|---|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay / Lesbian |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other |
| <input checked="" 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:

Phone:

Email:

Relationship:

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