

BEFRIENDING REFERRAL FORM

REFERRER'S DETAILS	
Name of Referrer:	
Referrer's Address:	
Name of Organisation:	
Contact Phone No:	
Mobile :	
Email Address:	

CLIENT'S DETAILS	
Full Name:	
Address:	
Nick name(what they like to be called):	
Date of Birth:	/ /
Telephone No:	
Living Alone	Yes <input type="checkbox"/> No: <input type="checkbox"/>
First Contact:	
Contact's Phone:	
Second Contact:	
Contact's Phone:	
Level of Care Supplied by HSE. (ie: Home Help Hours, Day-care, etc.)	

Any Other Relevant Information

Office use:	Received by:
Date received:	Date Contact Made:

Return Completed Form to: Drogheda & District Support 4 Older People
Unit 7 The Haymarket, Drogheda, Co Louth
Phone: 0419847764 / 0863772777 / 1800200100
Email: dds4op@eircom.net
Web: www.dds4op.com

Befriending Drogheda at DDS4OP. Phone 1800 200 100 email: befrienddrogheda@gmail.com
Referrals are also accepted over the phone and by email.

Drogheda & District Support 4 Older People adheres to and operates under the General Data Protection Regulations (GDPR) in relation to any personal data taken/gathered/stored concerning the client/applicant. All information will be used in the best interests of the client/applicant and will be securely stored both in physical and digital format. In signing these Terms and Conditions the client/applicant is consenting to the Drogheda & District Support 4 Older People using the relevant data provided. Such consent concerning either the gathering or retention of the data may be withdrawn at any time. Drogheda & District Support 4 Older People may pass on data to third party services in relation to the service activities provided in the Centre to prevent you from having to answer the attached application form again.

Client Signature: _____

Date: _____