



Befriending Scheme

Client Risk Assessment & One to One Assessment Form

This information can also be used as a risk assessment.

Judgement is based on three things – is the:

- service provided by or Befriender appropriate for the potential client’s needs?
- volunteer at risk by dealing with the potential client?
- request within the capacity of our Befriending Scheme?

When a new client is interviewed for the first time, it is useful to ask certain questions, on which, the coordinator can form an opinion. The interview will be carried out in person. An explanation should be given that this is a formality with all new clients.

Personal Details

Full Name:

Date of Birth:

Gender:

Address:

.....

.....

Phone:

Next of kin:

Referred by:

Does the client have any health problems e.g. in relation to seeing, speaking, hearing or memory?

Does the client have any illnesses or disabilities?

Does the client use any medical aids e.g. Wheelchair, Stick, Walking Frame?

Are there any risks or hazards inside the client's home?

Could the client's behaviour cause any risk to the Befriender?

About the Client

Does the client smoke?

Yes / No

Does the client have any pets?

Yes / No

If yes, please give details:

Likes to be known as:

Would the client prefer a male or female volunteer?

Male / Female / Don't mind

Hobbies and interests?

What do you expect from the Befriender?

What are the best days and times for the Befriender to visit?

Anything else we should be aware of?

Any additional information

Transport Risk Assessment

For if the client wishes to go out on the visits

Does the client need assistance walking from their front door Yes / No

Does the client need assistance getting into the car Yes / No

Does the client need to sit in the front seat of the car Yes / No

Does the client use a wheelchair Yes / No

If yes, type of wheelchair

Does the client have a blue badge? Yes / No

What services does the client receive or go out to?

What other services/activities does the client currently access or receive?

Does the client have any family/nearby? If so, how often do they visit?

Does the client get out? If so, how do you get out and about?

Emergency Contact

Name of contact:

Address:

.....

.....

Phone:

Declaration & Use of Data

I confirm that all details on this form are correct.

I give permission to pass my references and any relevant information to other voluntary organisations for whom I may undertake voluntary tasks.

Signed by applicant: Date:

Signed by interviewer:

Eastwood Volunteer Bureau is concerned to provide equality of opportunity for everyone and it seeks to actively overcome prejudice and discrimination against people because of race, colour, religion, gender, employment status, sexual orientation, age, place of residence, mental health, caring responsibilities or disability.

Completed form should be returned to:

Eastwood Volunteer Bureau, Wellington Place, Eastwood, Nottinghamshire NG16 3GB