# Make a Referral

Buddies for All is a social and leisure Buddying scheme that supports disabled people with all social and leisure activities. We support people with physical, sensory and hidden disabilities, such as chronic illnesses or neurological conditions, currently aged 18-65. However, as our organisation develops, it is our aim to provide a Buddy to as many disabled people as possible, at our discretion, based on the capabilities of our Buddies.

​Who we can support

You can refer a client for a Buddy if:

* They are a disabled person – they don't need to have a formal diagnosis
* They want a buddy for a social or leisure activity
* They are aged 18-65

Sorry, but we cannot offer your client a Buddy if:

* They do not consider themselves to be disabled
* They have recently been detained or sectioned under the Mental Health Act
* They need specialist support or advice to manage a mental health condition and it is not currently considered 'well managed'
* They wish to attend hospital or other appointments
* Any personal care is needed and they do not have a carer to provide this for them

Please note that all applications will be considered on a case-by-case basis, so if you're unsure if your client is eligible, please still complete an application and we can advise accordingly. More information on our eligibility criteria can be found here <https://www.buddiesforall.org.uk/buddying-programme> or you can contact us at [info@buddiesforall.org.uk](mailto:info@buddiesforall.org.uk) if you are unsure.

​**Buddies for All will contact the client within 5-10 working days to discuss their requirements in greater detail.**

## Our Buddying Service Fees

We have a limited number of **free**Buddies to support clients (for up to 8 weeks) who are:

* In receipt of **means-tested benefits** (e.g. Universal Credit)
* Living in a **low income**household (​£19,500 or less per year)
* Experiencing **significant financial hardship** (e.g. out of work, full-time carer)
* Unable to claim disability-related benefits

Please contact us if you are unsure whether the client would qualify for our free services on [info@buddiesforall.org.uk](mailto:info@buddiesforall.org.uk).​

Clients can use their **disability benefits** to pay for services (which are discounted - prices available on request - please complete the form below). These include:

* Personal Independence Payments
* Disability Living Allowance
* Direct Payments from their Local Authority
* Personal Health Budget

​Clients who have a **low-income** but do not qualify for our free services or do not receive disability benefits can receive a discount on our standard fees.​ Prices are available on request - please complete the form below and we’ll be able to advise accordingly.

​Our standard fee prices are available on request - please complete the form below.

​**Pay What You Can** – We encourage all clients to contribute what they can to help sustain our service and support others in need. Every contribution makes a difference.

​**Pay It Forward**– Through our "Pay It Forward" model, generous donors can gift sessions to clients who may not otherwise afford support. This allows more people to benefit from our Buddying service.

​We are committed to ensuring no one is left without support. If you have any questions about payment options, please get in touch with us at [info@buddiesforall.org.uk](mailto:info@buddiesforall.org.uk?subject=Question%20about%20payment%20options).

## How We Use Information Submitted

The information you provide on this form will be kept secure and used only for the purpose of organising a Buddy to support the client. For more information about how we will use the data, please read out Privacy Policy: [https://www.buddiesforall.org.uk/privacy-policy.](https://www.buddiesforall.org.uk/privacy-policy)

By completing this form, you acknowledge that you understand the above information.

## The Client’s Details:

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| --- | --- |
| First name: | Click or tap here to enter text. |
| Last name: | Click or tap here to enter text. |
| Preferred pronouns (please tick): | He/him  She/her  They/them  I don't know  Other (please write below)  Click or tap here to enter text. |
| Gender (please tick):  *This helps us to match a client with an appropriate Buddy – we match male clients to male Buddies, and female clients to female Buddies.* | They’d rather not say  Male  Female  Non-binary  I don't know  Other (please write below)  Click or tap here to enter text. |
| The client’s full address, including postcode:  *This is for us to identify a Buddy close to them.* | Click or tap here to enter text. |
| Their date of birth:  *Please note that our Buddying service is currently only available to people aged 18-65.* | Click or tap to enter a date. |
| Their email address:  *We hope to keep clients up to date with their match via email. We will also email them a confirmation when the referral request has been submitted to us. If you do not want to share their email address with us, or they do not have one, please enter N/A - please ensure you provide a contact phone number below instead.* | Click or tap here to enter text. |
| Their contact phone number:  *We may need to call them regarding a potential Buddy match - please provide the best contact number here. The allocated Buddy will also make contact with clients initially via phone.* | Click or tap here to enter text. |

## Your Details:

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| --- | --- |
| First name: | Click or tap here to enter text. |
| Last name: | Click or tap here to enter text. |
| Which organisation are you referring from (if applicable)? | Click or tap here to enter text. |
| Your email address:  *If we have any questions about the client or this referral, we will contact you via email.* | Click or tap here to enter text. |
| Your contact phone number:  *In case we need to contact you via phone rather than email.* | Click or tap here to enter text. |

## Client’s Next of Kin Details:

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| First name: | Click or tap here to enter text. |
| Last name: | Click or tap here to enter text. |
| What is their relationship with the client? | Parent  Sibling  Friend  Carer  Other (please write below)  Click or tap here to enter text. |
| Their email address:  *If we have any questions about the client or need to communicate with the client via their next of kin, we will contact them via email.* | Click or tap here to enter text. |
| Their contact phone number:  *In case we need to contact them via phone rather than email.* | Click or tap here to enter text. |

## About Their Needs and What They Want From a Buddy

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| Please tell us about the client and how a Buddy can best support them: | Click or tap here to enter text. |
| Do they require any of the following (please tick all that apply): | Providing information in accessible formats (e.g. large print, easy read (including imagery), Makaton, Talking Mats or BSL) – please indicate below which they require  Providing a Buddy that can speak the same language – please indicate below which language  Supporting with pushing their wheelchair or other mobility requirement – please indicate below what requirements  Any safety or wellbeing concerns we need to be aware of – please indicate below  None of these  Other – please indicate below  Please use this space to provide us with more detail about any of the options you have selected above:  Click or tap here to enter text. |
| How would you like your client to engage with a Buddy (please tick all that apply): | Phone calls  Video calls (e.g. Zoom or Teams)  Online messaging  In-person meet ups (please note that this is offered on an availability basis – we are currently developing this service across London only) |
| What sort of leisure or social activities would they be interested in doing with a Buddy (please tick all that apply): | Going for a walk  Going to a concert  Going to a football match or other sporting event  Going out to eat  Attending a class together (e.g. drawing/painting)  Going clothes/retail shopping  Going to the gym or exercise class together (e.g. yoga/pilates)  Going to a theme park  Day trips  Meeting for a coffee/drink  Going to the theatre  Going to the cinema  Going to the pub  Having a night out (e.g. going to a bar or club)  Going to a museum or gallery  Trip to the beach  Church/place of worship visit  Going to a nightclub  Other (please indicate below):  Click or tap here to enter text. |

## Their Current Circumstances

This helps us identify whether we can provide the service for them for free or for a small fee.

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| Are they currently in receipt of means-tested benefits, live in a low-income household (less than £19,500 per year), experiencing significant financial hardship, or unable to claim disability-related benefits? | Yes  No  I’m not sure |
| If you indicated that they are in receipt of means-tested benefits, please email us evidence of their entitlement to info@buddiesforall.org.uk. | |
| If you indicated that they live in a low-income household, are experiencing significant financial hardship, or are unable to claim disability-related benefits, please provide further information here: | Click or tap here to enter text. |
| Will they be using a disability-related benefit (such as Personal Independence Payment) to pay for their Buddy service? | Yes, they will be using their disability-related benefit (e.g. PIP, DLA, Direct Payments, or a Personal Health budget)  No, they will pay using another method  I’m not sure – I need to find out  They don’t receive any of these benefits |
| Do they consider themselves to have a low income but do not qualify for our free service or do not receive disability benefits? | Yes  No  I’m not sure |
| If you ticked 'yes' above, please provide some more information to help us determine whether we can apply a discount: | Click or tap here to enter text. |

## Consent

In order to provide a service for the client, we need to record their personal details. Everything you tell us is treated confidentially and stored securely and you or they can ask to see a copy of their record at any time.

Full details about how we manage personal data can be found on our website <https://buddiesforall.org.uk/privacy-policy> or by emailing us at [info@buddiesforall.org.uk](mailto:info@buddiesforall.org.uk).

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| Please tick this box to indicate that you have permission from the client to submit their personal details on their behalf: | I have their permission |
| Please tick this box to indicate that the client agrees to Buddies for All contacting them to provide our services: | They agree |
| Please read and tick the following statements to indicate the client's consent for how we process their details and application to Buddies for All. If you have any questions about the statements, please contact us on [info@buddiesforall.org.uk](mailto:info@buddiesforall.org.uk). | They consent to Buddies for All CIC sharing their information with other service providers  They consent to Buddies for All recording sensitive personal information about them, like health conditions or ethnicity (known as ‘special category data’) for research and planning purposes only  They agree to discussing the referral with Buddies for All and any relevant partners within the project  They consent to a relative/professional/friend, including the person completing this referral form to Buddies for All (if applicable) to discuss their enquiry with Buddies for All |
| They are happy to be contacted by their Buddy by (please tick all that apply): | Phone call  Email  Leaving a voicemail  SMS/text message |

## Equality and Diversity Monitoring

To help us monitor who we support, please provide us with some further information.

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| Please indicate which of the following disabilities they have (formal diagnosis or self-diagnosis is acceptable):  *Please tick all that apply.* | They’d prefer not to say  Sensory impairment (e.g. deaf, blind) Learning disability  Chronic illness or condition (e.g. MS, fibromyalgia)  Physical impairment (e.g. mobility difficulties, use of a wheelchair)  Mental health condition (e.g. depression, anxiety)  Neurodivergence (e.g. autism, ADHA, dyslexia, dyspraxia etc.)  I’m not sure  Other - please provide details below  Click or tap here to enter text. |
| What is their ethnicity:  *This may be helpful when matching them with a suitable Buddy.*  *Please tick the relevant box.* | They’d prefer not to say  Asian or Asian British - Bangladeshi  Asian or Asian British - Chinese  Asian or Asian British - Indian  Asian or Asian British - Pakistani  Any other Asian background  Black, Black British, Caribbean or African - Caribbean  Black, Black British, Caribbean or African - African  Black, Black British, Caribbean or African – African background  Mixed or multiple ethnic groups – White and Black Caribbean  Mixed or multiple ethnic groups – White and Black African  Mixed or multiple ethnic groups – White and Asian  Any other mixed or multiple ethnic background  White – English, Welsh, Scottish, Northern Irish or British  White - Irish  White – Gypsy or Irish Traveller  White - Roma  Any other White background  Other ethnic group - Arab  Any other ethnic group  I don’t know |

## Signature

Please sign in the box below to confirm the details provided above are correct and that the client is aware of your referral and agrees to be contacted by Buddies for All regarding this application:

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| *You can insert an image file of your signature by clicking above, or print this form, sign it and scan it.* |

**Please send this completed form to Buddies for All at** [**info@buddiesforall.org.uk**](mailto:info@buddiesforall.org.uk)**.**