



Sightline Telephone Befriending Service Information and Referral

How Sightline Befriending works

Sightline's befriending service works very simply. The stages are as follows:-

- **Referral** - Send a completed form (below) to Sightline.
- **Match** - Sightline matches the person with a befriender and an initial call plan is agreed with all parties.
- **Talk** - Weekly befriending calls start on the agreed time and day.
- **Review** - After three to four weeks the initial call plan is reviewed.
- **Safeguard** - If there are serious concerns for someone's immediate safety, Sightline call their GP or emergency contact.

I confirm the following (please click/tick all the boxes):

The person being referred has sight loss and/or visual impairment

The person being referred understands that Sightline calls are recorded

The person being referred knows they are being referred to Sightline

The person being referred understands that there is a waiting list

Sightline offers telephone befriending services to the sight loss community. Sightline does not offer counselling, mentoring or advocacy services, nor is Sightline's telephone befriending service a suitable alternative for these services.

I confirm that I have read and understood this statement

I understand that inappropriate referrals will be rejected

To learn more about Sightline

You can find out more about accessing or volunteering for our services, or by contacting us:



0800 587 2252



info@sightline.org.uk

Sightline Befriending Service – Referral Form

How to refer to Sightline

Simply send a fully completed and consented referral form to Sightline by secure email to info@sightline.org.uk, or posting it to Sightline's offices at 1a Farrington Street, Chorley, Lancashire, PR7 1DY. Essential fields are marked with a *.

1) Personal Information

Full name*	
Date of birth*	
Full address including postcode*	
Phone number(s)*	
Email address	

2) Befriending Service Information

Referrer's full contact details*	
Details of someone we may contact if we have concerns about your wellbeing?*	

Consent given for form to be sent securely to Sightline via any method*

3) Statement of Consent (tick appropriate box)

The person being referred consents to Sightline storing this information safely*

The person being referred consents to Sightline making contact with them, in order to set up the service and review this with me*

The person being referred consents to Sightline making contact with the nominated wellbeing contact, if we have wellbeing concerns*

4) Who is signing this referral (tick appropriate box)*

The person being referred is signing on their own behalf

This form is being signed by someone else, with consent given verbally or in writing

5) I understand that as part of use of the service, Sightline will contact emergency services if there are serious concerns about a befriended person's immediate safety and welfare, or that of another person*

Signed <i>(This can be done digitally)</i>		Date	
Print name			