|  |  |
| --- | --- |
|  | ***VOLUNTEER’S SUMMARY REPORT*** |
| **Applicant’s Initials:** | **Reference No:**  |
| **Family & Social Situation** |
| *Family structure, where they are based, how often they see or talk to them? Are they supported in anyway by the family or family member? How often?* |
| **Number of Dependents living at home?** |
| **Any other dependants living at home? What are their circumstances?** |
| **Community Involvement:** *How often do they go out, are they involved in any local groups, are they able to access local amenities easily?*   |
| **Support Network:** *What other types of support are they receiving and how often? E.g. doctor / hospital appointments, carers, support workers etc.*  |
| **Befriending Service** **Please pay special attention to this section as it will help us to identify individuals who may be eligible for the Befriending Programme. We may be able to offer friendship to those identified as socially isolated & lonely, see list below:*** Lives alone or who area carer for their partner
* Has recently been bereaved
* Has health problems – particularly affecting them getting out and about
* No longer able to drive
* Family has moved away
* Recently moved to a new area or accommodation eg sheltered accommodation
* Would welcome a chat with someone on the phone every week or so.

Is this applicant interested in having a Telephone Befriender ***Yes / No*** |
| **Health Situation of all Family Members** |
| **Type of condition / illness / disability, duration and whether permanent or temporary:**  |
| **Impact it is having ie limited mobility, dependence on carers, finances, employment prospects etc** |
| **Prospects of recovery:** |
| **Housing Situation** |
| **Type of Housing: (Housing Association / Private Landlord / Owner Occupier)** |
| **Condition:** |
| **Security of Tenure:** |
| **Any Issues? Landlord / Tenant / overcrowding / mobility / access / adaptations** |
| **Employment Situation**  |
| **Current employment status of all family members:** |
| **If not in employment, reason why, length of time out of employment:** |
| **Possibility of re-employment** |
| **Current employment in the trade including Role and name of PubCo** |
| **Details of past employment including Role and name of PubCo**  |
| **Financial Overview** |
| **Does their money last each month? If not, what impact is that having?**  |
| **If they have any debts, how does this affect them?** |
| **What other help are they or have they received?**  |
| **Educational Needs**  |
| **Number of people requiring educational support and their ages** |
| **Needs** |
| **Desired Outcome** |
| **Would they be interested in a bursary to LVS Ascot? *Yes / No*** |
| **Summary of Needs** |
|  |
| **Other Relevant Information** **including any help from other charities** |
|  |
| Volunteer’s Signature | Date of Visit |