#### Referral Form



# What is Justlife's Social Connection project

Justlife's Social Connection project supports people moving away from homelessness by helping them connect with their local communities and build positive social networks and healthy relationships. The Social Connection Project consist of three distinct areas:

**Befriending:**The project consists of a team of volunteers who meet one-to-one with clients and do an activity of their choice, whether that's going for a walk, trying something new or just going for coffee and a chat.

**Community Activities:** We offer a range of wellbeing and creative themed workshops and activities and trips. These are advertised on our quarterly *Community Activities Program* 

**Peer Support Group:** We also run a peer support group that meets regularly at a local venue to provide a space for clients to support each other.

## Who we work with

We welcome anyone living in Brighton and Hove who are living in emergency, temporary or supported accommodation or people who have recently moved into stable housing situations i.e. private rented or registered social landlord. The term of support for people in stable housing situations will be 12 - 18 months from the move in date.

## **Referral Criteria**

Applicants should be ready to engage with the project coordinators and be able to build a positive and meaningful relationship with their befriender in a community setting.

Applicants should be able to participate in group activities or workshops following our group and workshop agreement.

We are not able to provide practical support or case work for people accessing the project

#### **Referral Process**

Please complete as much information as you can on the form and email to <a href="mailto:scp@justlife.org.uk">scp@justlife.org.uk</a> attaching a risk assessment and any other relevant information. We aim to respond to all referrals within **5 working days.** 

### **Contact Details**

The Social Connection Project Coordinators can be contact on:

Tel: **0300 123 1550** E: scp@justlife.org.uk



# **Referral Form**

Full Name:		Referral Date:	
Date of birth:	Identified Gende	er	Preferred Pronouns
	(non-binary, mak	e, female)	(they, he, she)
Contact Details (optional – state preferred method of contact)			
Phone Number: Email Address:			
Filone Number.			
Address:			
Current Housing Situation (e.g. Emergency Accommodation, long-term temporary, supported housing,			
housing association, private rented, other)			
Have you/they agreed to this referral		Is there a risk assessment attached	
Yes / no		(if no please complete known risk below )	
		Yes / No	
Known risks (e.g. previous offences around arson, violence, or sex offences)			
Is there anything we need to know to help you/them to take part comfortably? (e.g. I struggle in group			
environments, I have difficulties with my mobility, I have social anxiety)			
Is there any information we need to know about you/them to keep you/them or others safe? (eg.			
allergies, health conditions, triggers, substance misuse)			
What areas of the social connection project are you/they interested (please circle)			
Befriending Peer community activities Peer support groups			
What support are you/they receiving and from who? (please provide contact details inclusive of			
telephone and email)			
Referrers Details			
Name:	Agency:		
Email address:	telephone number:		