Referral Form



What is Justlife's Social Connection project

Justlife's Social Connection project provides support to people moving away from homelessness by helping them overcome social barriers, isolation and loneliness.

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.

Who we work with

Any Justlife clients can refer themselves to the SCP or be referred by their Support Worker. We welcome anyone living in Greater Manchester who is living in temporary accommodation or has recently moved on from temporary accommodation into longer term housing.

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.

Referral Process

Please complete as much information as you can on the form and email to scpmanchester@justlife.org.uk 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 Worker can be contact on:

Tel: 0161 285 5888 E: scpmanchester@justlife.org.uk

Full Name:	Referral Date:



Referral Form

Date of birth:	Identified Gender		Preferred Pronouns		
	(non-binary, male, female)		(they, he, she)		
Contact Details (ontional – state no	Contact Details (optional – state preferred method of contact)				
Contact Details (optional – state prejerred method of contact)					
Phone Number:	Email Address:				
Address:					
Current Housing Situation (e.g. Emergency Accommodation, unsupported temporary accommodation,					
housing association, private rented, other)					
Have you/they agreed to this referral Is there a risk a		sessment attached			
		(if no please complete known risk below)			
Yes / no		V / N -			
Yes / No Known risks (e.g. previous offences around arson, violence, or sex offences)					
The second control of the second of the seco		, o	,		
La the second big and a second below and the best of the second below and the second below a second by the second big and the second by the second by the second below as the second by					
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					
Befriending Peer Community activities					
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:				