GOOD NEIGHBOUR SCHEME
BARROW UPON SOAR

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Member Registration Form	**F005**

Date of contact:		Date of initial Visit:			
Telco Name:		Admin Name:			
Member Details:			**Member ID:**		
Name					
Address					
Post Code					
Tel Number					
Emergency Contact details (Name, Number, Relationship)					
What Support is Required?					
Befriending (Home Visit / Walking)					
Transport					
Household (Prescriptions/Gardening)					
Forms & IT					
How did you hear about the Scheme?					
Do you think you will require regular support?	Yes – how long		No		
Other local contacts (Family/friends/neighbours)					
Do you live alone? Pets? Carers etc?					
Additional notes: Important Medical issues?					
House Access Issues? (Steps/Key Safe?)					
Any Difficulty Walking? Going up/down Stairs/steps?					
Communication Issues:	Eye Sight?		Hearing?		Other?

Details of Befriending Support Required:					
Home Visit:		**Phone Call:**		**Walk:**	

Frequency of visits/calls		Preferred day	
Length of visits/calls		Preferred times	
Same or different person?		Male/female?	
Visit at home or go out? If out, any particular place?			

Notes: (Interests/activities/games etc)

Is Transport Support is Required:	**Yes / No**
Do you have a Blue Badge?	
Is a Wheelchair/frame used? If Yes, do you need to take it in the car?	
Do you need someone to accompany you?	

Is Household Support is Required:	**Yes / No**

Is Forms & IT Support is Required:	**Yes / No**

Review Date 1: Is initial support in place as agreed? (~1 month)	
Review Date 2: Is an agreed level of support in place? (~3 months).	
Review Date 3: How satisfied are you with the level of support? (~ 9-12 months)	