

# Befriending Service **Registration Form**

If you would like to access the befriending service please log onto [www.clevelandfire.gov.uk/befriending](http://www.clevelandfire.gov.uk/befriending) or fill out your details below and send to: **FAO Pamela Cairns, Cleveland Fire Brigade, Training and Administration Hub, Endeavour House, Hartlepool, TS25 5TH**

First Name.....	Surname .....
Home Address.....	
.....Telephone No .....	
Email address .....	D.O.B .....

Is this a self referral ? Yes / No  
(If yes you do not need to complete this section. If no, person referring needs to fill in this section)

Reason for referral.....	Consent given Yes/No
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**Referrers details**

First Name.....	Surname .....
Address.....	
Telephone No .....	Email.....
Job title/relationship person you are referring .....	
Any further information .....	
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**This section only needs to be filled out once accepted onto the befriending service**

GP name and address .....

Medical conditions .....

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**Emergency contact details**

First Name..... Surname .....

Address.....

.....

Telephone No ..... Email.....

Relationship to person .....



**FOR MORE INFORMATION CONTACT**

**[befriending@clevelandfire.gov.uk](mailto:befriending@clevelandfire.gov.uk)**

**01429 872311**

