

Brent Mind



For better
mental health



REQUEST FOR A BEFRIENDER FORM

Name: _____

Address: _____

Telephone No: _____ Date of birth: _____

Please circle your living situation: Alone / with partner / with family / supported housing / other

Could you please tell us in your own words what your personal experience of mental distress is and any problems, which result from that.

Please say why you would like to have a befriender:

What activities and interests would you like to take part in with your befriender?

As well as individual befriending we offer group befriending, which consists of you getting together with a small group (4 to 8 people) to do things. Please let us know which types of befriending interests you: individual / group / both

Please note: if your request is for an individual befriender we may not always be able to offer this.

Can you provide us with the name and address of someone I can request additional information from? This is important as it will help us establish that this is a suitable service for you.

Is there anything else you would like to add which has not been already covered in the application form?

Signed: _____

Date: _____

**Please return this form to :
Befriending Scheme Co-ordinator
Brent Mind
Hampton House
1b Dyne Road
Kilburn
London
NW6 7XG**