



The Care Hub

M I L L B R O O K

Befriender Form

Name:

Address:

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Contact telephone number:

Email Address:

What sort of help can you provide?

Companionship / Trips and visits / Driving and companionship at appointments

(please underline as appropriate)

Other

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Do you drive? Yes No (please circle)

We will hold your information securely and only use it for the purposes as mentioned above. Further details regarding how your information will be used, kept securely and your rights relating to this are available in our privacy policy. You can withdraw your consent for us to share your information at any time by contacting us (details at bottom of form). The Care Hub complies with data protection legislation.

Do you have your own transport? Yes No (please circle)

As part our Befriending service, all volunteers must hold a current DBS check.

Do you have a current DBS check? Yes No (please circle)

If no, are you happy for The Care Hub to help arrange and pay for this?

What is your availability? Eg: Mornings/ Lunchtimes/Evenings/Weekends/Term Times only

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Many thanks

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