

New Befriender Application Form

Name:

Address:

Post Code:

Email:

Phone number:

Please give us the following information: -

Name of the person who died:	
Relationship to yourself:	
Persons age at death:	
Date Person died:	
Cause of death (if known):	

Please tell us why are you interested in becoming a Befriender:

Team TDDCC

*42 Whittington Road, Swindon, SN5 7DF
email: befrienders@teamtddcc.com*

Once we receive this form from you, a member of the #teamtdcc will contact you to arrange an informal telephone interview and find out a little more about why you want to become a Befriender with us.

When is the best time of day to contact you? _____

Please sign: _____ Date: _____

Tick this box to agree to a DBS check

Please return completed form to: befrienders@teamtdcc.com

Or Send To:

#teamtdcc 42 Whittington Road, Swindon, SN5 7DF

We will use the details provided to process your application. For information about how we collect, use and look after your details, please read our [Privacy Policy](#)