



Irish Kidney Association

Request for Peer Support

Personal Information of Peer seeking Peer Support

Full Name: _____ Date: _____
Last First

Address: _____
Address Eir Code

Phone: _____ Email _____

Hospital Attended _____

Stage of Kidney Disease (Please tick the box/es which apply to you). I:

- Have been recently diagnosed with end stage kidney disease
- Am currently: On dialysis Predialysis Haemodialysis Peritoneal dialysis
- Have received an organ transplant Am awaiting an organ transplant
- Am: An organ donor Thinking about becoming an organ donor
- My family member is diagnosed as in end stage kidney disease

If none of the above is relevant, please give details: _____

Below please outline any mobility/other challenges that has potential to impact on your ability to engage with Peer Support

Request for Peer Support

Reason for seeking Peer Support:(e.g. want to know more about dialysis at home. _____

What has happened in the last while that helped you decide to seek peer support _____

Please outline what do you hope to gain from engaging with Peer Support _____

What usually helps you to cope? _____

Do you have any interests or hobbies? _____

Please let us know if you have any preferences which we can try to accommodate when assigning a peer support volunteer to you e.g., gender, age range, interest, culture etc.....

Below please include any additional information which you think might be important/helpful for us to know.

This is to confirm that I have read the Peer Support Information leaflet and accept the conditions of this service.

Signature: _____ Date: _____

The details included in this form will help inform us when matching you with a peer support volunteer

To be completed by referrer

Referrer details:	
Name of referrer:	
Role:	
Service/Hospital:	
Contact number(s):	
Email:	

1. Do you consider that the peer seeking peer support		
• Has the capacity to engage in the Peer Support service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Would benefit from Peer Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the peer aware that they are being referred to this service and that they have given full consent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the peer understand what Peer Support is?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Has s/he received an information leaflet:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you aware of any areas of risk that we may need to be aware of?	Yes	No

5. Please include any additional relevant details here: