

## **Irish Kidney Association**

## **Request for Peer Support**

	Personal Information of Pe	er seeking Peer Support
Full Name:		Date:
	Last First	
Address:		
	Address	Eir Code
Phone:	Er	mail
Hospital Attended		
	Stage of Kidney Disease (Please tick	the box/es which apply to you). I:
Have been recent	ly diagnosed with end stage kidney disease	
Am currently: C	On dialysis Predialysis	Haemodialysis Peritoneal dialysis
Have received an	organ transplant	Am awaiting an organ transplant
Am: An organ d	onor Thinking about becoming an	organ donor
My family member	r is diagnosed as in end stage kidney disease	
If none of the above	e 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 Pe	er Support
Reason for seeking	Peer Support:(e.g. want to know more about	dialysis at home
_		eek peer support
what has happened	u in the last while that helped you decide to se	ek peer support
Please outline who	at do you hope to gain from engaging with	Peer Support
What usually helps	you to cope?	
Do you have any in	iterests or hobbies?	
Do you have any in	iterests of Hobbies?	
		to accommodate when assigning a peer support volunteer
to you e.g., gender,	age range, interest, culture etc	
Below please include	de any additional information which you think r	might be important/helpful for us to know.
This is to confirm	that I have read the Peer Support Informati	ion 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