



Referral Form

Child Referral Form – 11.1.19

PLEASE READ THESE VERY IMPORTANT NOTES BEFORE MAKING A REFERRAL

All of our Older Friend volunteers hold a DBS which was issued no more than three years ago, and the Project holds two character references.

This documentation is available for inspection through Area Coordinators if required.

Referrals should be completed in full and then **POSTED** to the appropriate Area Coordinator whose address is shown below. **SORRY BUT WE ARE UNABLE TO RECEIVE REFERRALS BY EMAIL.**

Whilst we will endeavour to offer support to the referred child as soon as possible, we are obviously dependent upon a suitable volunteer being available. Until the volunteer has met with the child and family and agreed to the friendship there is no commitment by either party. **If we are unable to find a match for this child within 6 months the referral will be removed from our database.**

In the past, children have been referred to us who we are not able to match for a number of reasons. Please remember that our Older Friends are volunteers who wish to be a friend to a child in need, they are not professionals in child welfare and the nature of the friendship is 'social' not 'professional'. For example, a child may have a physical disability or a behavioural issue which our Older Friends may not be qualified to deal with.

To assist us in making a good match, please be accurate with your assessment of which category fits the child being referred.

If you are in any doubt please choose C7. (See list over for a guide)

For all referrals, our Area Coordinator will contact you to discuss the particular needs of the child prior to matching.

REFERRER'S DETAILS

CHILD'S DETAILS

REFERRER'S DETAILS		CHILD'S DETAILS	
Date of Referral		Forename	M/F
Referrer's Name		Surname	
Referring Children's Services Office or if EH then school name		Address	
Referrer's Email			
Referrer's Name		Town	
Office Tel Number		Postal Code	
Mobile Number		Date of Birth	
Team Leader		Carer's Name	
EH Lead Professional (where appropriate)		Relationship to Child	
School name, email and phone number		Carer's Contact No.	
School Pastoral care contact			

REASON FOR REFERRAL

REQUIRED OUTCOME

INTERESTS, LIKES & DISLIKES (if known)		
<input type="checkbox"/> Sports	<input type="checkbox"/> Reading	<input type="checkbox"/> Other please detail below
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Computers	
<input type="checkbox"/> Games	<input type="checkbox"/> Playing in the park	
<input type="checkbox"/> Animals	<input type="checkbox"/> Cinema	

Any preference on gender of our Project's volunteer?	
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OTHER RELEVANT FACTS (including behavioural issues, health issues, school issues, religious or cultural information)

PLEASE CONSIDER CAREFULLY BEFORE COMPLETING

<p>ASSESSMENT</p> <p>Please put one of these numbers in the 'Assessment' box below.</p> <ul style="list-style-type: none"> C1 No physical or behavioural issues C2 Slight mobility issues C3 Slight behavioural issues C4 Mobility and behavioural issues C5 Severe mobility issues C6 Severe behavioural issues C7 Need to discuss child's issues with Area Coordinator
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ASSESSMENT CATEGORY:	
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PRIVACY NOTICE

How the information provided will be used

The Friendship Project for Children will not share the personal information you have provided with any external organisations or companies, other than as needed with any specific volunteers (Older Friends) or with other statutory bodies who are authorised to request this information. We will retain the information provided if there has been a successful matching in secure storage and on our secure database for up to 50 years, as required historically by our insurers. Additionally, in the event of any case studies being used these will be appropriately anonymised. We will communicate with you by email, post and telephone as necessary. By signing this form you confirm that you understand and agree to our Privacy Notice. In the event of us not being able to make a successful match within 6 months the information will be securely destroyed. For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please contact our Project Administrator on 07516 527714 or karen.hoy@friendshipproject.co.uk

PROCESS FOR APPLICATION FOR REFERRAL OF A CHILD (6 TO 16 YEARS OLD)

Thank you for your enquiry. **Please complete the questionnaire on the reverse side of this form including the assessment.** This assists us to achieve a good "match" between your Younger Friend and our Older Friend. **It is important to have the agreement of the child's parent or carers to the idea of the friendship, before the Referral.**

The function of the Friendship Project is to promote a caring friendship between the child and the adult volunteer. Our Older Friends are volunteers without any special training, but they do have a desire to be a friend to a child in need. We will have carried out Enhanced DBS clearance, and satisfied ourselves about their suitability. If the child has very specific needs, could you discuss with our Co-ordinator to see if it is likely we will be able to find a volunteer. The befriender for the child will call, normally, once a week and try to interest the child in a variety of simple activities and outings, usually lasting 2 hours. The only concern of this Older Friend will be to help the child develop interests, confidence and have fun. **May we stress the Friendship is voluntary and social in nature, not professional.**

Our objective is to give the child an Older Friend. **We do not allow our volunteers to become involved in general family problems.** Our Older Friends will, of course, respect any reasonable request from parents/carers. For example, when the child is to be returned home, what activities to avoid, and any ethnic considerations etc. All guidance from the Social Worker is very welcome.

We allow our Older Friends to claim limited expenses and a small allowance for the outing. Our intention is that the outing broadens the child's outlook, and is in addition to the normal family activities. Our Older Friend must be satisfied the activity meets the objectives of The Project. It is difficult to generalise about what would be an 'outing', as every child is an individual. Going shopping for food would probably not be an outing. Going shopping for clothes might be an outing, but we would expect the parent to pay for the clothes. However taking the child swimming or to a museum would certainly meet our criteria for an outing and allowance usage.

We will inform you if the Friendship Project becomes aware of changes in the Younger Friend's circumstances that we feel you should know. The Project cannot take on the responsibilities of any other agency or person towards the Younger Friend. In particular, the responsibilities of the referring agency will continue towards the Younger Friend until it is satisfied that they are no longer necessary.

If the Friendship Project is able to suggest an Older Friend then the Referrer will be required to make the introduction to the child and family, after consultation with us. It is important that, during the introduction process, no undue pressure should be applied to either of the prospective friends, or the parent(s), to begin the friendship. Until all parties are in agreement, there is no obligation on any side.

OUR CONTACT DETAILS

Once completed, please POST the form to the appropriate Area Coordinator

Rugby & District Kelly Furness Area Coordinator, Friendship Project C/O 20 Northumberland Road Leamington Spa Warwickshire CV32 6HA Mobile: 07415 399776	Nuneaton, Bedworth & North Warwickshire Viv Kelsey Area Coordinator, Friendship Project C/O 20 Northumberland Road Leamington Spa Warwickshire CV32 6HA Mobile: 07496 670321	Warwick & District Fiona Roche Area Coordinator, Friendship Project 117 Rugby Road Leamington Spa Warwickshire CV32 6DH Mobile: 07828 078015	Stratford & District Heather Shipley Area Coordinator, Friendship Project 14 Milestone Road Stratford upon Avon Warwickshire CV37 7HH Mobile: 07922 400945
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Signature of referrer _____ Date _____

FRIENDSHIP PROJECT CONTACT DETAILS

Please visit our web site at www.friendshipproject.co.uk for all Project, Area and administration contact details.