

**BEFRIEND A CHILD**

**REFERRAL FORM (BEFRIENDING) - CONFIDENTIAL**

Please fill in **all** sections of this form and email, with Child’s Plan (or other), toBefriend a Child at referral@befriendachild.org.uk

**SECTION 1: REFERRER REGISTRATION FORM (to be filled in by referrer)**

**1.1 REFERRER INFORMATION**

|  |  |
| --- | --- |
| **Referrer Name** |  |
| **Job Title**  |  |
| **Organisation**  |  |
| **Address & postcode** |  |
| **Email**  |  |
| **Telephone**  |  |
| **Date of Referral** |  |

**1.2 CHILD CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Child First Name** |  |
| **Child Surname** |  |
| **Date of Birth** |  |
| **Address & postcode** |  |

**1.3 PRIMARY PARENT / CARER CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Parent/Carer First Name** |  |
| **Parent/Carer Surname** |  |
| **Address & postcode** |  |
| **Telephone / Mobile**  |  |
| **No of children under 16 yrs living in family home** |  |

Please state name and age of children under 16 years old who live in the family home.

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| --- | --- | --- |
| **Child Full Name** | **Date of Birth / Age** | **Relationship to child (if known)** |
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**1.4 REFERRAL INFORMATION FOR CHILD**

**It is essential that you provide as much accurate information as possible to ensure referral eligibility and, if accepted, an appropriate match.**

**Essential Referral Criteria**

Please put a cross in the box to confirm the child is eligible based on referral criteria as set out in Befriend a Child’s Befriending Referral Policy.

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| **Befriending Referral Criteria** | **Confirm** |
| The child referred is 5-15 years old |  |
| The child referred lives within a 25-mile radius of Aberdeen City Centre  |  |
| The child is able to attend to their own personal care  |  |
| The child does not have any moderate / severe behavioural problems (see section 4.3 in Referral Policy (Befriending) for more details) |  |
| The child has a Child’s Plan, Chronology, Education IEP or other which will be sent with this referral |  |

**Reason(s) for Referral**

Please highlight reason(s) for referral by putting a cross in all boxes that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Referral** |  | **Background**  |  |
| Social isolation  |  | Parental substance use  |  |
| Low self confidence |  | Child suffered abuse or neglect |  |
| Low self esteem |  | Parental mental health |  |
| In need of positive adult role model |  | Affected by disability or long term illness |  |
| Child mental health |  | Affected by bereavement  |  |
| Mild behavioural problems |  | Financial hardship |  |
| Other  |  | Other  |  |

**If ‘Other’ please give more details**

|  |
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**Child Protection Register**

Is the child on the Child Protection Register or subject to a Compulsory Supervision Order? **Yes / No**

If 'Yes', what date was the child placed on the Register or Order implemented and under what category or conditions of the Order?

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| --- |
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**Disability and Additional Support Needs**

Does the child have a disability or any Additional Support Needs? **Yes / No**

If ‘Yes’ please provide details below

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| --- |
|  |

**Financial Hardship**

Does the family have any financial constraints you are aware of? **Yes / No**

If ‘Yes’ please provide details below

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| --- |
|  |

 **Please provide an outline of the child’s past and present circumstances, both home and in school, giving as much detail as possible on all issues affecting the child including any behavioural problems.**

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**Please list the child’s interests / hobbies, including any pets in the family home.**

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**Is there any further information you feel may enhance this referral as failure to provide adequate information may cause the referral to be returned or rejected?**

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**1.5 REFERRER CONFIRMATION AND DECLARATION**

**Please confirm the following by putting a cross in the box**

|  |  |
| --- | --- |
| The child is fully aware of the befriending programme and agrees to this referral  |  |
| The child’s parent(s)/carer(s) are fully aware of the befriending programme and agree to this referral |  |
| An up-to-date Child’s Plan, Chronology or other is enclosed with this referral |  |

**Referrer’s Declaration**

Befriend a Child is committed to providing and maintaining an excellent level of service to children, young people and their families.

**In submitting this referral, the referrer agrees to the following**, please confirm by putting a cross in the box.

|  |  |
| --- | --- |
| Attending a match meeting with the volunteer and Befriend a Child online once a match has been made |  |
| Informing the family when a suitable match has been found and explain next steps |  |
| Supplying relevant information regarding the child’s progress to Befriend a Child before the volunteer's 6 and 10 monthly review takes place |  |
| Inviting Befriend a Child to relevant meetings relating to the child, eg multiagency meetings |  |
| Keeping Befriend a Child up to date with information on the child or family and to inform them of any changes in circumstance, including new contact details / address |  |
| Informing Befriend a Child if the original referrer leaves, providing them with new contact details |  |

|  |  |
| --- | --- |
| **Referrer Name** |  |
| **Referrer Signature**  |  |
| **Date** |  |



**BEFRIEND A CHILD**

**BEFRIENDING REFERRAL FORM – CONFIDENTIAL**

**SECTION 2: CHILD REGISTRATION FORM (to be filled in by family)**

**2.1 CHILD INFORMATION**

|  |  |
| --- | --- |
| **Child First Name** |  |
| **Child Surname** |  |
| **Date of Birth** |  |
| **Address & postcode** |  |

**2.2 PARENT / CARER INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Parent / Carer 1** | **Parent / Carer 2** |
| **First name** |  |  |
| **Surname** |  |  |
| **Address & postcode** |  |  |
| **Telephone / Mobile**  |  |  |
| **Email**  |  |  |

**Emergency Contact if different from above**

|  |  |
| --- | --- |
| **Name** |  |
| **Address & postcode** |  |
| **Telephone / Mobile**  |  |

**2.3 SCHOOL DETAILS**

|  |  |
| --- | --- |
| **Name of School** |  |
| **Address of School** |  |
| **Headteacher** |  |
| **Telephone** |  |
| **Email**  |  |

**2.4 CHILD BEFRIENDING JOURNEY**

**This section is to be completed by the child being referred**

Are you happy to have a befriender? **Yes / No**

If ‘Yes’, please explain why you would like a befriender

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|  |

With a befriender what would you like to do:

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| --- | --- | --- | --- |
| Have fun |  | Have new adventures |  |
| Be happy |  | Visit new places |  |
| Listen and talk to them |  | Get to make new friends  |  |

What else would you like to do with a befriender and on outings?

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Is there anything else you would like the befriender to know about you?

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**2.5 PARENT / CARER CONFIRMATION AND DECLARATION**

**This section is to be completed by the parent / carer**

Has your child any known **medical conditions or allergies** we should be aware of? **Yes / No**

If ‘Yes’ please give details below

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|  |

Has your child any **special dietary requirements**? **Yes / No**

If ‘Yes’ please give details below

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|  |

WIII **any other adult, other than the parents / carers listed in 2.2, be present to take responsibility** for the child when the volunteer collects or drops off the child at the address given? **Yes / No**

If ‘Yes’, please state the name and relationship to the child

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| --- |
|  |

Is permission given for the volunteer/ staff to **administer first aid/seek medical assistance** for your child should the need arise if we cannot contact you? **Yes / No**

Is permission given for your child to be taken out by the volunteer and to travel on public transport/volunteer’s car? (booster seats will be provided for younger children) **Yes / No**

**Child Protection Information**

* Should your child disclose any information, which suggests that their well-being or safety is in any danger or if they are at risk of abuse or neglect the information will be passed on to Social Services or other agencies eg School
* At times the referrer may pass information to Befriend a Child about changes in your family circumstances should they arise. This information will only be shared with those involved in the child's welfare and confidentiality will be respected at all times. By signing this form, you agree to this information being shared

In signing this form the parent / carer agrees to their child being referred to Befriend a Child’s befriending programme and that they have read and understood this confirmation and declaration.

|  |  |
| --- | --- |
| **Child Name** |  |
| **Parent / Carer Name**  |  |
| **Parent / Carer Signature**  |  |
| **Date** |  |