# Independent Visitor – Confidential Referral Form

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| **CHILD or YOUNG PERSON DETAILS** | | | |
| FIRST NAME/S |  | SURNAME |  |
| Also known as |  | Agreed to this Service | Y/N |
| Local Authority |  | LA System Ref. No. |  |
| Legal Status (care order) |  | Date Granted |  |
| Owns a phone? | Y/N | Contact number |  |
| DATE OF BIRTH |  | BIRTH COUNTRY |  |
| Nationality |  | Ethnicity |  |
| Religion |  | Disability (registered?) |  |
| Sex at Birth |  | Sexual Orientation |  |
| Gender Identity |  | Preferred Pronouns |  |

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| **CARER / ACCOMMODATION INFORMATION** | | | |
| FULL POSTAL ADDRESS |  | | |
| Carer/s Name/s |  | Role/s |  |
| Tel. Nos. Landline |  | Mobile |  |
| Aware of this referral? | Y/N | Email/s |  |

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| **REFERRER INFORMATION** | | | |
| FULL POSTAL ADDRESS |  | | |
| Organisation Name |  | Team |  |
| Referrer Name |  | Role |  |
| Contact Number/s |  | Email |  |
| Alternative Contact |  | Role |  |
| Tel. Number/s |  | Email |  |

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| **OTHER PROFESSIONALS / AGENCIES INVOLVED** (If details not above) | | | | |
| **Roles** | **Name** | **Organisation** | **Tel. Number/s** | **Email address** |
| Social Worker |  |  |  |  |
| Team Manager |  |  |  |  |
| IRO |  |  |  |  |
| Keyworker |  |  |  |  |
| PA, Leaving Care |  |  |  |  |
| Adult SW, Leaving Care |  |  |  |  |
| Other (add title) |  |  |  |  |

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| **CHILD or YOUNG PERSON ADDITIONAL INFORMATION** | | |
| Brief pre-care history |  | |
| Birth family - Relationships / Contact Levels |  | |
| Any areas or people to be avoided |  | |
| Long term Accommodation plan |  | |
| Education / Training |  | |
| YP Interests |  | |
| Outcomes you would like to see from this referral  (Yes/No or add details) | Improve confidence and self-esteem: |  |
| Improve emotional wellbeing: |  |
| Keeping safe: |  |
| Healthier lifestyle: |  |
| More positive person: |  |
| Clearer future plans: |  |
| Other: |  |
| **Photography Consent**  Children and young people might want to create a memory book with their IV, to include photographs and details of the activities they have done together.  All photographs will be the property of the child or young person and will be given to them during their time with, or upon leaving the project. | | |
| Are you willing for the child or young person to have their photo taken and stored for this purpose? Enter YES or NO | |  |
| **Health and Safety Consent**  Central to the IV relationship, are standard visits and activities undertaken together such as eating out, going to the cinema, visiting local venues and attractions, travelling in a staff or volunteer vehicle, etc.  Anything more adventurous and hazardous will require additional consent, e.g., Go Karting, Paintballing, Abseiling/Climbing, Horse Riding, etc. | | |
| Are you willing for the child or young person to participate in standard activities? Enter YES or NO | |  |
| If NO, please state which activities are not permitted | |  |

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| **CHILD or YOUNG PERSON RISKS**  Please complete this section as fully as possible; we need to be aware of any known risks regarding the child or young person; anything which has potential to affect safety for them, our staff, or IVs. | | |
| Risk | YES or NO | If YES, is this current or historical?  Please provide details including triggers, and control measures needed to mitigate the risks |
| Violence to adults |  |  |
| Violence to peers |  |  |
| Self-harm |  |  |
| Attempted suicide |  |  |
| Self-neglect |  |  |
| Drug / Alcohol misuse |  |  |
| Child Sexual Exploitation |  |  |
| Inappropriate sexual behaviour |  |  |
| Arson / Fire Setting |  |  |
| Theft |  |  |
| Criminal behaviour |  |  |
| Anti-social behaviour |  |  |
| Gang involvement |  |  |
| Radicalisation |  |  |
| Criminal Exploitation |  |  |
| Unfounded allegations |  |  |
| Absconding? |  |  |
| Areas/people to avoid? |  |  |
| Risks linked to travel? |  |  |
| Any other known risks? |  |  |
| **Please add any additional information below if you feel it is relevant** | | |
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| **CHILD or YOUNG PERSON ADDITIONAL NEEDS**  Diagnosis (if applicable), presentation, coping mechanisms | |
| **Physical Health**  (Include disabilities, strict dietary needs, allergies...) |  |
| **Mental Health**  (Include phobias, triggers…) |  |
| **Education/Learning**  (Include if in mainstream school, or specialist…) |  |
| **Behavioural** |  |
| **Developmental** |  |
| **Communication** |  |
| **Social Considerations**  (Any sensory issues; sounds/noise/crowds…) |  |

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| **POST REFERRAL**  Thank you for completing this form and providing the detail; it will enable us to provide the most appropriate and safe service for this child or young person.  Please let us know how you wish us to acknowledge receipt of this referral. (Please tick one box) | |
| **Letter to child or young person** |  |
| **Text or Phone call to child or young person** (please ensure mobile number is provided above) |  |
| **Text or Phone call to carer** (please ensure mobile number is provided above) |  |
| **Other – please specify** |  |

Please Note:

Once this referral form has been accepted by Change Grow Live, should material information provided above change in any way during the child or young person’s time with the service, it is the local authority’s responsibility to inform the project as soon as possible.

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| **Digital Signature:** Referrer |  | **Date:** |  |
| **Signed:** Other |  | **Date:** |  |

Once completed, this form should be returned by secure/encrypted email to:

**ssypp@cgl.org.uk**

Alternatively you can post a printed copy, marked as Private & Confidential, to the office detailed below. Please ensure it is sent via a special delivery signed-for service.

Unit 30, Staffordshire University Business Village, Staffordshire Technology Park, Stafford, ST18 0TW

For support or advice in completing this referral please contact [**rachel.x.turner@cgl.org.uk**](mailto:rachel.x.turner@cgl.org.uk) **(01785 887954)**