

## Salford Children's Rights Service

### Referral form for an Independent Visitor:

Please be aware that the child / young person that you are referring will have access to this form. Please complete the section provided at the end of the form if you want to discuss anything further that you do not wish to include on the form at this time.

#### Section 1: Referrer Details

|   |  |
|---|--|
| <b>Name of referrer:</b>  |  |
| <b>Role:</b>  |  |
| <b>Contact number:</b>  |  |
| <b>Contact address:</b>   |  |
| <b>Contact email:</b>   |  |
| <b>I think that the child / young person needs an IV because:</b> |  |
|   |  |

#### Section 2: The Child / Young Person:

|   |        |
|---|--------|
| <b>Name:</b>                            |        |
| <b>Preferred name:</b>                  |        |
| <b>How do they define their gender:</b> |        |
| <b>Date of birth:</b>                   |        |
| <b>Age:</b>                             |        |
| <b>Ethnicity:</b>                       |        |
| <b>Religion:</b>                        |        |
| <b>Contact number:</b>                  |        |
| <b>Address:</b>                         |        |
| <b>Do they know about the referral?</b> | Yes No |

#### Section 3: Current Placement / Where the Young Person Lives:

(please complete all appropriate fields)

|   |        |
|---|--------|
| <b>Type of placement:</b>   |        |
| <b>Head / Manager at placement:</b>   |        |
| <b>Key Worker:</b>  |        |
| <b>Foster Carer Name:</b>   |        |
| <b>Foster family details:</b><br>(give details of foster / birth siblings in placement) |        |
| <b>Length of time in placement:</b>   |        |
| <b>Length of time to remain in placement:</b>   |        |
| <b>Are the carers aware of the referral?</b>  | Yes No |

#### Section 4: Details About Social Care Services:

|                            |  |
|----------------------------|--|
| <b>Social Worker Name:</b> |  |
|----------------------------|--|

|   |        |
|---|--------|
| <b>Social Worker contact number:</b>                |        |
| <b>Social Worker Team Details:</b>                  |        |
| <b>Social Worker Team Address :</b>                 |        |
| <b>Social Work Manager Name:</b>                    |        |
| <b>Is the Social Worker aware of this referral?</b> | Yes No |

**Section 5: Contact & Family Details:**

|  |     |    |
|--|-----|----|
| <b>Does the child / young person have contact with parents?</b>  | Yes | No |
| <b>Does the child / young person have contact with siblings?</b> | Yes | No |

|   |
|---|
| <b>Family Member &amp; Contact Details:</b>   |
| <b>Please provide details of any family members, extended family or friends that the child / young person has contact arrangements with.</b>                        |
| <b>Please include: name, relationship to child / young person, details of current contact arrangements, any local areas that should not be visited with the IV.</b> |
|   |

**Section 6: History & Background Information:**

|  |              |              |       |
|--|--------------|--------------|-------|
| <b>Child / Young Person's looked after status (please circle):</b> |              |              |       |
| Care order   | Accommodated | Leaving care | Other |
| <b>Is the child / young person on the CP register?</b>             | Yes          | No           |       |
| <b>Length of time in Local Authority care:</b>                     | Years:       | Months:      |       |

|   |
|---|
| <b>Reasons that the young person is looked after by the local authority:</b><br>(please give as many details as possible – box will expand) |
|   |

|   |
|---|
| <b>Please give details of placements / moves of the child / young person since being looked after:</b><br>(please give as many details as possible – box will expand) |
|   |

|  |
|--|
| <b>Workers Involved with the Child / Young Person:</b><br>(please include name, role and frequency of contact for any Support & Family Centre workers, Therapists, educational support etc.) |
|  |

|   |     |    |
|---|-----|----|
| <b>Does the child / young person have any individual needs, issues or difficulties?</b> | Yes | No |
|---|-----|----|

**If the child / young person has any individual support needs please provide details:**

(please give as many details as possible – box will expand)

**Is there any other useful background information you can provide:**

(please give as many details as possible – box will expand)

**Education:**

|  |     |    |
|--|-----|----|
| <b>Is the child / young person in education?</b> | Yes | No |
| <b>Days / times in education:</b>                |     |    |
| <b>School / college address:</b>                 |     |    |

**Interests:**

**Please list the child / young person's interests, special abilities & hobbies:**

(please give as many details as possible – box will expand)

|   |     |    |
|---|-----|----|
| <b>Does the child / young person do regular evening / weekend activities?</b> | Yes | No |
|---|-----|----|

**Please give details of any current activities:**

(please give as many details as possible – box will expand)

**Section 7: The Independent Visitor (IV):**

|  |      |               |
|--|------|---------------|
| <b>The IV for this child / young person should be:</b> |      |               |
| Female   | Male | Not Important |

**It is important for the IV to be able to support with the following issues / difficulties:**

(please give as many details as possible – box will expand)

|   |     |    |
|---|-----|----|
| <b>Is there anything else that you want to discuss that you do not wish to include on the form?</b> | Yes | No |
|---|-----|----|

|   |     |    |
|---|-----|----|
| <b>Please confirm that it is appropriate for the young person to be matched with a volunteer IV at this time:</b> | Yes | No |
|---|-----|----|

|  |  |
|--|--|
| <b>Signature of the person completing the form:</b>    |  |
| <b>Post / title of the person completing the form:</b> |  |
| <b>Date:</b>   |  |