



## Face 2 Face Befriending

### Referral Form

Thank you for contacting us and requesting Face 2 Face befriending.

To help us match you with a befriender we would be grateful if you could tell us a few details about yourself and your family. This will enable us to ensure the best match possible. All details will be held in the strictest confidence.

|  |  |
| --- | --- |
| **Full name** |  |
| **Home address****Postcode** |  |
| **Telephone number, including area code** |  |
| **Email address** |  |

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| --- |
| **Children’s names and details**  |
| Names  | **Gender**  | **DOB** | **Nursery/ Childcare provider/ School**  |
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|  |  |  |  |
|  |  |  |  |
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**Additional family information**

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| --- |
| Name and address of GP: |
| Name of Health visitor: |

**Other agencies/organisations involved with your family – please list**

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**You and your family**

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| --- |
| Please tell us a little about your family, including some information on your child who has a disability (these details will enable the co-ordinator to match you with the most suitable befriender).What is your first or preferred language? |
| Why do you think you would benefit from the Face 2 Face Befriender service at this time?How did you hear about Face 2 Face? |
| **Disclosure (important – please read)** |
| By completing and signing this form you give Face 2 Face permission to store this information on file and on a secure computer system (if applicable). We will use the information you provide to assess your suitability for befriending and to match you with an appropriate befriender. We will hold this information in the strictest confidence and only share it with appropriate individuals involved with the Face 2 Face befriending service. |
| Signed: | Date: |
|  |
| Please return your completed form, marked private and confidential, to:**Deborah Cobb, Face 2 Face Scheme Co-ordinator****The Children’s Society****Suite C, The Loft****42 Quay Street****Newport****PO30 5BA****Tel: 0983 529312****e.mail: Deborah.cobb@childrenssociety.org.uk**Thank you for taking the time to complete this form. |
| **Office use only:**Date of enquiry: Date of Initial contact:Notes: |

**Face 2 Face Service Befriending Request Risk Assessment**

Please note any health and safety considerations below to ensure the continued safety and wellbeing of befrienders:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Posed risk/hazard**  | **Yes**  | **No** | **Not known**  | **If yes please give details**  |
| Has the coordinator identified any factors which may impact on the potential safety of a lone worker? |  |  |  |  |
| Is the family home in an isolated or known high crime area? |  |  |  |  |
| Is there a parking area?Unlit, Cul –de- sac ,Out of sight |  |  |  |  |
| Is there poor mobile phone reception in the area or building? |  |  |  |  |
| Have there been any known incidents of current or past domestic violence |  |  |  |  |
| Have there been any known incidents where members of the household have been verbally and or physically aggressive to professionals/public? |  |  |  |  |
| Have there been any known incidents where members of the household having substance misuse issues? |  |  |  |  |
| Are there any members of the household with known mental health issues? |  |  |  |  |
| Does anyone in the household have any cautions or convictions for violent offences? |  |  |  |  |
| Are there any known dangerous items in the house which may pose a risk?(weapons, dogs, or other animals) |  |  |  |  |
| Does any member of the household smoke? |  |  |  |  |
| Have any children in the household been subject to Child Protection plans? |  |  |  |  |
| Have any children in the household become ‘Looked After’ following social services involvement (excluding respite and short breaks)? |  |  |  |  |
| Please note any other information which may present as a risk to a befriender entering the home |  |  |  |  |

Completed by: ...............................................................................(please insert name) Date:…………………..

Is the household a safe environment for a Befriender ………………. Signed……………………………………..