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| Section 1 – The Child/Young Person | |
| Name of child/young person: Click here to enter text. | |
| Name they like to go by: Click here to enter text. | |
| Date of birth: Click here to enter a date. Age: | |
| Gender Identity: Choose an item.  If the Child would prefer to use their own gender identity please write here: Click here to enter text.  Is their gender the same as their registered gender at birth Yes  No  Prefer not to say  Preferred pronouns: Click here to enter text. | |
| Nationality: Click here to enter text. | **Ethnicity:** Choose an item. |
| Does the child/young person have a disability, specific learning difficulty, and/or other support need?  Physical needs  Mental Health  Educational/Learning  Behavioural  Developmental  Communication  Social considerations [sensory considerations, noise, crowds etc.]  Please expand here: Click here to enter text. | |
| Religion: Click here to enter text. | |
| Address where they are currently living: Click here to enter text. | |
| Are they currently placed out of borough/county? Choose an item. | |
| Date of referral Click here to enter a date. | |
| Young person’s contact details (if appropriate): Click here to enter text. | |
| Name(s) of foster carer(s)/Key Worker: Click here to enter text. | |
| Carer Contact tel no(s): Click here to enter text. | |
| Carer Email address(es): Click here to enter text. | |
| Are carer(s) aware of this referral? Click here to enter text. | |
| Is the child/young person aware of this referral? Click here to enter text. | |

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| **Section 2 – Referrer’s Details** | | | |
| Name:  Click here to enter text. | **Address:**  Click here to enter text. | **Tel. No/s**  Click here to enter text. | |
| Email address Click here to enter text. | | |  |
| Reason for referral: Click here to enter text. | | | |

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| **Section 3 - Other Professionals / Agencies Involved (If details not above)** | | | | |
| **Roles** | **Name** | **Organisation** | **Tel. No/s** | **Email address** |
| **Social Worker** |  |  |  |  |
| **Team Manager** |  |  |  |  |
| **IRO** |  |  |  |  |
| **Keyworker** |  |  |  |  |
| **PA, Leaving Care** |  |  |  |  |
| **Adult SW, Leaving Care** |  |  |  |  |
| **Other (add title)** |  |  |  |  |

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| Section 4 – History and Background Information |
| Care status: Choose an item. |
| How long has the child/young person been in local authority care? Click here to enter text. |
| Why was the child/young person accommodated/taken into care? Click here to enter text. |
| History of accommodation/ including length of present accommodation: Click here to enter text. |
| What is the long term plan for the child? Click here to enter text. |
| Is the child aware of this plan? Click here to enter text. |

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| Section 5 – Family Details |
| Does the child/young person have contact with their parents or anyone with parental responsibility?  Yes  No  If yes, please provide details of contact below.  Click here to enter text. |
| Details of any siblings, extended family, friends or others with whom the child/young person has contact (please provide name, frequency of contact and whether supervised or not):  Click here to enter text. |

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| Section 6 – Day-to-Day Information |
| Any areas of interest, abilities or hobbies: Click here to enter text. |
| Is the child/young person in school?  Yes  No |
| Details of school: Click here to enter text. |
| Is their attendance: Choose an item.  Please clarify by giving percentage, if possible: Click here to enter text. |
| Days and times in school/any other details: Click here to enter text. |
| Child/young person’s self-esteem: Choose an item. |
| Any other relevant general background information/things we should know: Click here to enter text. |
| What else can you tell us about the child/young person to help us decide on the type of independent visitor to match them with? Click here to enter text. |

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| **Section 7 – Risk Assessment** | | |
| 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** | | |
| Click here to enter text. | | |

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| Section 8 – Consent | |
| Photos:  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 / young person to have their photo taken for this reason? Choose an item. | |
| 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? Choose an item. | If NO, please state which activities are not permitted.  Click here to enter text. |

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| **Digital Signature**  Referrer |  | Date: Click here to enter a date. |
| **Role/Title** | Click here to enter text. | |