**Independent Visitor Referral Form:**

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| **Local Authority:** |  |
| Office address: |  |
| Office Telephone: |  |
| Social Worker: |  |
| Social Worker email: |  |
| Social Worker telephone: |  |
| Date of referral: |  |

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| **Young Person’s Information:** |
| Young Person’s name: |  |
| Date of birth: |  |
| Current placement type: |  |
| Current address: |  |
| Name of carer or keyworker: |  |
| Identified gender: |  |
| Any disabilities: |  |
| Identified ethnicity: |  |
| Language spoken: |  |
| Best contact telephone number: |  |
| Email address for updates and keeping in touch: |  |
| Preferred method of contact (phone, email, text): |  |
| Has the young person given consent to the referral? |  |
| **Care Plan Information:** |
| Time at current placement: |  |
| Date of last Looked After Child review: |  |
| Date of next Looked After Child review: |  |
| Any significant or additional information, may include the following:* Agreed arrangements for parental/family contact
* Any siblings
* Any risk factors incl history of running away
* Any presenting behaviour issues.
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| **Purpose of Referral:** |
| Are there any desired outcomes or objectives from the referral? |  |
| What opportunities, if any, would you like the IV to explore with the young person? |  |
| **Young Person’s Section** **(to be completed by or with the young person)** |
| Would you like a male or female Independent Visitor? |  |
| Can you tell us what type of things you like to do?This can be places to visit, hobbies or activities.  |  |
| Are you active, like being outside or interested in sports? |  |
| Do you prefer more chilled out or laid back things to do? |  |
| Do you like art or museums? |  |
| Are you interested in films, books or music? |  |
| Anything else we need to know to help get you an IV match? |  |

Please return this completed form to:

IV@nepacs.co.uk

For further information or support please contact Dawn Simpson, Service Manager on:

Email:adonaghy@nepacs.co.uk

Mobile: 07903818365

For office use only:

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| Confirmed receipt of the referral |  |
| Any additional information required |  |
| Added to the database |  |
| Matched IV |  |
| Best contact details/method for IV: |  |