**Referral Form - Please read these important notes before sending in a referral**

1. Referrals should be completed in full and sent by **encrypted email** to the appropriate Area Coordinator. Please complete the referral form with as much detail on the family situation and the child’s interests as you can – this will assist us in seeing if we have a volunteer available; or if we think we can match the child. For all referrals, our Area Coordinator will contact you to discuss the particular needs of the child or young person prior to matching.
2. It is imperative to have the agreement of the child’s parent or carers before sending in a referral. Please show the family our Notes for Parents and Carers document – so that they understand the role of a volunteer with us.
3. Referring to the triage online tool (<https://api.warwickshire.gov.uk/documents/WCCC-640-1960>) we are only able to take children that fit in the **Green** (Universal Help) or **Yellow** (Extra Help) categories. If you have children that meet the **Orange** (Targeted Help) category, please speak to your Area Co-ordinator before sending in a referral.
4. The function of The Friendship Project is to promote a caring friendship between the child and the adult volunteer. Our Older Friends are volunteers without any special training, but they do have a desire to be a friend to a child in need. We will have carried out our strict interview process, Enhanced DBS clearance, received two character references and satisfied ourselves with their suitability. All volunteers attend Child Protection and Safeguarding Training.
5. Whilst we will endeavour to offer support to the referred child as soon as possible, we are obviously dependent upon a suitable volunteer being available. If we are able to find a suitable volunteer, our Area Coordinator will be in touch with you to arrange a matching meeting. It is important that, during the introduction process, no undue pressure should be applied to either of the prospective friends, or the parent(s) or carers to begin the friendship. Until all parties are in agreement, there is no obligation on any side.
6. Please remember that our Older Friends are volunteers who wish to be a friend to a child in need, they are not professionals in child welfare and the nature of the friendship is ‘social’ not ‘professional’.
7. If the child has very specific needs, please discuss with your Area Coordinator before sending in a referral. The volunteer for the child will see them once a week/bi-weekly and they will enjoy a variety of simple activities and outings, usually lasting 2 hours. The aim of these outings is to build a friendship and spend quality 1-2-1 time together.
8. If we are unable to find a match for this child or young person within 6 months, the referral will be removed from our database.
9. Our objective is to give the child an Older Friend. We do not allow our volunteers to become involved in general family problems. Our Older Friends will, of course, respect any reasonable request from parents/carers. For example, when the child is to be returned home, what activities to avoid and any cultural considerations, etc. All guidance from the referrer is very welcome.
10. Our Older Friends are able to claim limited expenses and a small allowance for the outing. Our intention is that the outing broadens the child’s outlook and is in addition to the normal family activities. Outings may include: playing board games, going to the park, art and craft activities, going for something to eat, playing sport, etc.
11. We will inform you if The Friendship Project becomes aware of changes in the Younger Friend’s circumstances that we feel you should know. The Project cannot take on the responsibilities of any other agency or person towards the Younger Friend. In particular, the responsibilities of the referring agency will continue towards the Younger Friend until it is satisfied that they are no longer necessary.

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| --- | --- | --- | --- | --- |
| **Referrer’s Details** | | **Young Person’s Details Gender** | | |
| Date of Referral |  | Forename |  |  |
| Referrer’s Name |  | Surname |  | |
| Referring Children’s Services Office or School |  | Address |  | |
| Referrer’s Email |  |
| Office Tel Number |  | Town |  | |
| Mobile Number |  | Postal Code |  | |
| Team Leader |  | Date of Birth |  | |
| EH Lead Professional |  | Carer’s Name |  | |
| School name, email and phone number |  | Relationship to Young Person |  | |
| School Pastoral care contact |  | Carer’s Contact No |  | |
|  |  | Carer’s email |  | |

**Please consider carefully – Referral’s will not be accepted without an assessment box ticked**

**Assessment Please tick**

|  |  |
| --- | --- |
| **Green** = Universal Help |  |
| **Yellow** – Extra Help |  |
| **Orange** – Targeted Help (please contact your Area Co-ordinator) |  |
| S17 Child in Need |  |
| S24 Child Protection |  |
| Other: |  |

|  |  |
| --- | --- |
| **Reason for referral (please give as much detail as possible)** | |
|  | |
| **Required Outcome** | |
|  | |
| **Interests, likes and dislikes** | |
| Other please detail below  Reading  Sports  Computers  Arts and Crafts  Playing in the park  Games  Cinema  Animals | |
| **Any preference on gender of our Project’s volunteer?** |  |
| **Other relevant facts (including behavioural issues, health issues, school issues, religious or cultural information)** | |
|  | |

**PRIVACY NOTICE**

**How the information provided will be used**

The Friendship Project for Children will not share the personal information you have provided with any external organisations or companies, other than as needed with any specific volunteers (Older Friends) or with other statutory bodies who are authorised to request this information. We will retain the information provided if there has been a successful matching in secure storage and on our secure database for up to 50 years, as required historically by our insurers. Additionally, in the event of any case studies being used these will be appropriately anonymised. We will communicate with you by email, post and telephone as necessary. By signing this form you confirm that you understand and agree to our Privacy Notice. In the event of us not being able to make a successful match within 6 months the information will be securely destroyed. For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please contact our Project Administrator on 07516 527714 or [karen.hoy@friendshipproject.co.uk](mailto:karen.hoy@friendshipproject.co.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact details:**  **Once completed, please send an encrypted email to the appropriate Area Co-ordinator** | | | |
| **Rugby & District**  Sam Spencer  Area Coordinator  Mobile: [07415 399776](tel:07415399776)  Sam.spencer@friendshipproject.co.uk | **Nuneaton, Bedworth & North Warwickshire**  Kate Meek  Area Coordinator  Mobile: [07496 670321](tel:07496670321)  Kate.meek@friendshipproject.co.uk | **Warwick & District**  Fiona Roche  Area Coordinator  Mobile: 07828 078015  Fiona.roche@friendshipproject.co.uk | **Stratford & District**  Harriet Crawford  Area Coordinator  Mobile: [07922 400945](tel:07922400945)  Harriet.crawford@friendshipproject.co.uk |

**Signature of referrer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_