**f&pt_logo_original2 FRIENDS AND PLACES REFERRAL FORM**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Age |  |
| School Year |  |
| Who Referred You? |  |
| Parents  Next of kin |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| School / College |  |
| Social Worker |  |
| Disabilities Needs? |  |
| Communication |  |
| Any risks to be made aware of? |  |
| Behaviours |  |
| Travel  Independent?  Mobility care?  Need support?  Would need 1:1 support  Own Transport |  |
| Dietary needs? |  |
| Medical Needs  Do you take medication |  |
| Funding: are you aware of funding towards the cost of support & activities  What are you willing to pay |  |
| Level of support  e.g. 1:1 or share support |  |
| Interests / hobbies  What do you love to do ? |  |
| Friendships  Tell us who your friends are, who do you want to meet up with outside of School/College |  |
| Services Interested in? | |
|  |  |
| Weekenders 16+ |  |
| Small Groups of Friends |  |
| Over 18’s Activities |  |
| 1:1 Life Skills |  |
| 1:1 Friendship Mentor |  |

**FRIENDS AND PLACES TOGETHER**

Top Floor Unit 13/14 Victoria Shopping Centre SS2 5SP www.friendsandplacestogether.org.uk www.facebook/FandPT

|Company Number 0855430 | Registered charity number 1159584|