



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.friendsandplacetogether.org.uk www.facebook.com/FandPT
 | Company Number 0855430 | Registered charity number 1159584 |