**f&pt_logo_original2 FRIENDS AND PLACES 25 to 40 YEARS REFERRAL FORM**

|  |  |
| --- | --- |
| Name and what you want to be known as |  |
| Date of birth |  |
| Age |  |
| Parents  Next of kin |  |
| Staff that support you e.g., outreach staff and contact details |  |
| Address |  |
| Telephone – mobile and landline |  |
| Email Address |  |
| Facebook/Instagram |  |
| Social Worker |  |
| Disabilities?  What support do you need to go out and meet friends? |  |
| Communication?  Do you use a tablet?  Can you use an app on your phone?  Can you text on your phone |  |
| Any risks to be made aware of? |  |
| Behaviours  Can you tell us anything that you get upset by and that we need to know when going out with your friends |  |
| Travel  Independent?  Mobility care?  Need support?  Would need 1:1 support  Own Transport |  |
| Dietary needs? Anything you cannot eat or religious, allergies |  |
| Medical Needs  Do you take medication  Is there anything we should be made aware of |  |
| Costs – Do you need to stick to a budget when going out and what can you afford,  Do you have direct payments to pay for any staffing to go out |  |
| Level of support  When you go out are you independent as in go out on your own, with parents, with paid staff, etc |  |
| Interests / hobbies  What do you love to do? |  |
| Friendships  Tell us who your friends are, who do you want to meet up with. Do you have any contact that we can speak to their carer or staff |  |
| Services Interested in? | |
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**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|