** FRIENDS AND PLACES REFERRAL FORM**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Age |  |
| School Year |  |
| Who Referred You?Told you about the Charity |  |
| Parents Next of kin |  |
| Address |  |
| Client Telephone |  |
| Client Email Address |  |
| Parent/Guardian Telephone |  |
| Parent/Guardian 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 supportOwn Transport  |  |
| Dietary needs? |  |
| Medical NeedsDo you take medication |  |
| Funding: Do you receive funding from the local authority towards the cost of support services? |  |
| Level of support e.g. 1:1 or share support  |  |
| Interests / hobbiesWhat do you love to do ? |  |
| FriendshipsTell us who your friends are, who do you want to meet up with outside of School/College?  |  |
|  Services Interested in? |
| Teen spirits 14-17 |  |
| Over 18s small friendship groups |  |
| Larger group activities |  |
| Over 25’s |  |

|  |  |
| --- | --- |
| Date completed |  |
| Signature |  |

**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|