**Aspirations & Independent Visitor Referral Form**

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| **Aspirations Mentoring Criteria:**  The Young Person being referred needs to:   * Live in the Bolton area and have a Bolton postcode * Be in the care of Bolton Local Authority or living in Bolton for a long time if another Local Authority has legal responsibility * Be between 8 and 18 years old | **Independent Visitor (IV) Criteria:**  The Young Person being referred needs to:   * Be in the care of Bolton Local Authority * Be Between the age of 8 and their 17th birthday |

**Which service is this referral for, please select *one* option:**

Aspirations Mentoring (Children Looked After Mentoring)

Independent Visitor

Unsure, please can someone call me

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| **Name of person making the referral** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Role of the person making the referral** | Click or tap here to enter text. |
| **Telephone numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Have you discussed the referral with the young person, and have they consented to the support and understand what the service is?**  Choose an item.

**Does the Parent/Legal Guardian/young person (if over 13 years old) consent to this referral being made?** Choose an item.

**Young Persons Information**

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| **First Name** | Click or tap here to enter text. |
| **Preferred Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Age** | Click or tap here to enter text. |
| **Gender** | Choose an item. |
| Click or tap here to enter text. |
| **Pronouns** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Does the young person have any disabilities?** Choose an item.

**If yes, please detail any disabilities/additional Support needs that you are aware that this young person has, whether diagnosed or not :**

Click or tap here to enter text.

**Please tick all that apply to this young person:**

EHCP  Special Education Needs

**Is the young person a Refugee or Asylum Seeker?** Choose an item.

**If yes, please give country of origin:** Click or tap here to enter text.

**If yes, please give 1st language spoken:**Click or tap here to enter text.

**If yes is the young person an unaccompanied minor?** Choose an item.

**Home / Placement Address:**

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| What type of placement is this? | Choose an item. |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |
| Key worker | Click or tap here to enter text. |
| Foster carer (if in foster care) | Click or tap here to enter text. |
| How long has the young person lived here for? | Click or tap here to enter text. |
| How long will the young person live here for? | Click or tap here to enter text. |
| Do the carers know about this referral? | Click or tap here to enter text. |
| What is the status of this young person? | Click or tap here to enter text. |

**Parent / carer information:**

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| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here:Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**School/College/Details:**

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| Name of School/College/Employment | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Main Contact | Click or tap here to enter text. |
| Role | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| What is your view of how the young person is engaging in school/college?*(e.g attendance, attainment, aspirations)* Click or tap here to enter text. | |

**Emergency Contact Details – please provide 2:**

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| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
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| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to young person | Choose an item. If other type here:Click or tap here to enter text. |
| Home Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |

**Supporting Information for Referral – please complete with the young person**

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| **Please give details of the young person’s Social Worker** | |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **This young person has been allocated to this Social Worker for how long? Years and months** | Click or tap here to enter text. |
| **Please give details of the young person’s Independent Reviewing Officer** | |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

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| **What other support services are currently involved with the young person or family?**  Click or tap here to enter text. |
| Workers involved with this young person: (This may include Support and Family Centre workers, therapists, educational support, and so on)  Name: Click or tap here to enter text.  Role: Click or tap here to enter text.  Please add more if needed. |
| **Has the Young Person accessed any support services prior to this referral?** If yes, please provide details.  Click or tap here to enter text. |
| **As the referrer, please tell us why this Young Person would like support?** It might be helpful to think about what has been going on for this Young Person and for how long and in what way has this been affecting them.  Click or tap here to enter text. |
| **Voice of the child – please make every effort to give some detail in this section.**  **What is the Young Person saying to you or others about their situation and the concerns that have been expressed?**  Click or tap here to enter text. |
| **What has the Young Person indicated that they might find helpful?**  Click or tap here to enter text. |
| **What are the young person’s skills, strengths, and abilities? What is working well for them?** Click or tap here to enter text. |
| **Does this Young Person have any particular needs?** Please provide information about physical, emotional wellbeing or behaviour needs that the Young Person has. Please also consider any challenges the young person is facing.  Click or tap here to enter text. |
| **Does the Young Person do any regular activities in the evenings or at weekends?** If they do, please give details.  Click or tap here to enter text. |
| **Are there any concerns or risks that we need to be aware of? Can the young person work safely on a one-to-one basis?**  Click or tap here to enter text. |

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| **Please give details of the contact that this young person has, along with any other relevant details about family that this young person does not have contact with:** | | |
| **Father**  Name:Click or tap here to enter text.  General Area of Living:Click or tap here to enter text.  Does this young person have contact with their Father?Choose an item. | | **Mother**  Name: Click or tap here to enter text.  General Area of Living: Click or tap here to enter text.  Does this young person have contact with their Mother? Choose an item. |
| **SIBLINGS**  The child/young person has Click or tap here to enter text. siblings. Their names, ages and contact details are:  Name: Click or tap here to enter text.  Age: Click or tap here to enter text.  Does the young person have contact with this sibling? Choose an item.  Name: Click or tap here to enter text.  Age: Click or tap here to enter text.  Does the young person have contact with this sibling? Choose an item.  Name: Click or tap here to enter text.  Age: Click or tap here to enter text.  Does the young person have contact with this sibling? Choose an item.  Please add more if needed. | | |
| **Extended family, friends and others**  Name: Click or tap here to enter text.  Age: Click or tap here to enter text.  Contact details: Click or tap here to enter text.  Name: Click or tap here to enter text.  Age: Click or tap here to enter text.  Contact details: Click or tap here to enter text.  Please add more if needed. | | |
| Which Local Authority is responsible for this young person? | Click or tap here to enter text. | |
| How long has this young person has been in Local Authority accommodation/care for?  (please indicate number of months / years) | Click or tap here to enter text. | |
| **This young person has been looked after by the Local Authority because:**  (please give as much detail as possible)  Click or tap here to enter text. | | |
| **Please give details of the history of placements/moves of this young person since being looked after.**  Click or tap here to enter text. | | |
| If there is any other useful background information you can provide, please provide details:  Click or tap here to enter text. | | |
| The Mentor / IV for this young person should be  (please select one option) | Choose an item. | |
| Workers involved with this young person  The workers involved with this young person are: (this may include Support and Family Centre workers, therapists, educational support, and so on)  Name: Click or tap here to enter text.  Role: Click or tap here to enter text.  Please add more if needed. | | |

**Consent & Storing data**

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| **The below details must be completed by the person with parental responsibility.** | |
| Personal and Sensitive Data  By referring this young person, you confirm, and can demonstrate on request, that you have gained explicit consent from the parent / carer to provide the Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. | |
| I give consent for the above young person to be transported to and from BLGC, or places in the community that are related to them engaging with the service. | Choose an item. |
| I consent to the above young person meeting regularly with their volunteer and/or practitioner on a one-to-one basis, and taking part in a variety of activities in the community using transport provided. | Choose an item. |
| In the event of a medical emergency, I authorise the worker to consent to necessary treatment. They will endeavour to contact you as soon as possible using the contact telephone numbers provided. | Choose an item. |
| If taken, I consent to the young person’s image (in photos or videos) may be used for marketing and publicity purposes in printed publications, on social media, on the Bolton Lads & Girls Club website or elsewhere. | Choose an item. |
| I would like to receive further information about opportunities to support Bolton Lads & Girls Club by e-mail, phone, SMS, post or other means. You can change your mind at any time by contacting us. | Choose an item. |
| **Name of person giving consent:** Click or tap here to enter text. **Date:**Click or tap to enter a date.  **How was consent given:**Choose an item.  **Signature of parent/carer/social worker (if not verbal):**Click or tap here to enter text.  If you have an electronic signature, please paste in the box below:  Choose a building block. | |

**What happens next?**

*Email to* [*mentoring@blgc.co.uk*](mailto:mentoring@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: Young People have access to this form.***