**Buddy Scheme Referral Form**

**Independent Visitor Service**

**Please email this referral form to: buddyscheme@doncaster.gov.uk**

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| **Referrer’s details:** | | |
| Name | | Job title |
| Contact telephone number | | Email address |
| Team | | Date of referral |
| **Details of the young person:** | | |
| Name | | Gender |
| DOB | Age | |
| Address | | |
| Is the Child/young Person aware of this referral?  YES/NO | | |
| **Foster carer’s & professional’s details:** | | |
| Name of Foster Carer(s) | | Telephone |
| Name of Social Worker | | Telephone |
| **Background to referral:**  (Please ONLY include information relevant to the referral, entire social care histories are not needed or appropriate) | | |
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| **What interests and hobbies does the young Person have?** | | |
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| **In what ways do you envisage that the Scheme can meet the needs of the young Person?** | | |
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| **What contact, if any, does the young Person have with their birth family?** | | |
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| **Who else is involved with the young person, professional or otherwise?** | | |
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| **Does the young person have any additional needs or allergies?** | | |
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| **Is there any further information that you feel the buddy would benefit from being aware of? E.g. School exclusions, drug use, self harm** | | |
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| **Are there any activities the young person should not participate in?** | | |
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| **Are there any areas of Doncaster that should be avoided with this young person?** | | |
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| **If known, what are the young person’s expectations of having a buddy?** | | |
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