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| **Name Of Referrer:** |  |
| **Team:** |  |
| **Date:** |  |
| **Child’s Social Worker if not named above** |  |

**Details of Child or Young Person:**

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| --- | --- |
| **1.Name** |  |
| **2.Date of Birth** |  |
| **3.Liquid Logic Number** |  |
| **4.Religion** |  |
| **5.Ethnic Origin** |  |
| **6.Language** |  |
| **7. Legal Status** |  |
| **8.Name of Carer** |  |
| **9.Address** |  |
| **10.Contact Number** |  |
| **11.Date Placed with Carer** |  |
| **12.Has the young person been consulted and agreed to having an Independent Visitor?** |  |
| **13.If no, then please explain why not.** |  |
| **14. Who else including those with P.R have been consulted on the referral?** |  |
| **15. Was the referral agreed at a LAC Review or BLAC Panel and if so what date?**  **(If referral was not agreed at either can this be discussed with IRO or taken to the next meetings and discussed)** |  |

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| Please briefly describe the reasons for seeking an I.V. What are the qualities sought in the appointment? |
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| Should the I.V. be a parent/grandparent-type figure, or more of an older sibling/friend? Are there any preferences in regards to age, gender or culture etc? |
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| Does the child have particular interests, hobbies or particular religious or cultural interests or beliefs? |
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| Does the child/children have any disability or particular needs that would require particular attention when matching to an I.V.? Are there particular dietary needs/medical issues? Any language requirements? |
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| Are there any particular risk factors relating to the child/children or their families (e.g. absconding, self-harming, racism, physical aggression, drug/alcohol misuse, people with whom the child should NOT have contact with etc.)? Please state briefly as a separate risk assessment form will be completed if there are any risk factors. |
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| BEFORE RETURING PLEASE CHECK:   * Information has been given to the young person, Foster Carer, Social Worker, and IRO about the scheme and all are in agreement to proceed. * Please attach any relevant information to this form that will provide background information, e.g. ROA reports, Care Plan, LAC review minutes etc. * The Risk assessment completed on both parts if needed. * ‘All About Me’ form filled out by child/young person.   **The information in this form (and any attachment) will be made available to the matched Independent Visitor unless otherwise indicated as inappropriate by the child’s social worker.** | |
| Signed by Social Worker: | Date: |
| Signed by IRO: | Date: |

**PLEASE RETURN ALL FORMS TO :**

Please Contact:

Emma Rodger

Independent Visitor Co-ordinator

Recruitment Team

Fostering and Adoption

Friar Lane,

Leicester,

LEIC,

LE1 5RB

[Emma.Rodger@leicester.go.uk](mailto:Emma.Rodger@leicester.go.uk)

**0116 454 4557 (Direct Line)**

**0116 454 4510 (Admin Office)**

Office Use Only Please leave blank

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of appointment of I.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of I.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please leave blank

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of appointment of I.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of I.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please leave blank

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of appointment of I.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of I.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_