

**FAMILY LIVES – VOLUNTEER BEFRIENDING SCHEME REFERRAL FORM - Barnet**

The befriending scheme is a voluntary option for mums, dads and carers of children offered by Family Lives (formerly Parentline Plus). The scheme is free of charge to families and is a confidential service. Consent of the parent needs to be obtained before making a referral – parents can self refer. Family Lives has over 30 years experience working with families. This is a pilot project where we are working in a new way with volunteers and the work will be externally evaluated. This service is offered by the largest independent provider of parent support and is locally funded by the Department of Health.

This referral form can be completed on-line at: <https://apps.familylives.org.uk/Theme1/ReferralForm.aspx>

**NB. When using the on-line referral form, please note that the Family Lives Office is Hatfield**

Alternatively complete this form and email to: [eileenm@familylives.org.uk](mailto:eileenm@familylives.org.uk) and password protect the document. Please ring, text or email Eileen for the password 07808640309.

<b>Parent's Name</b>	<b>Also known as / previous names</b>
<b>Address</b>	<b>Contact Phone Number:</b>
<b>Date of Birth</b>	<b>Gender</b>
<b>Parent's email address</b>	
<b>Date of Referral</b>	
<b>Family and Home Information – include number of children, gender and ages, details of parents etc.</b>	
<b>Reason for referral</b>	

--

Family Lives will contact the referred parent by phone to discuss the service. Please ensure that the parent is happy to be contacted and that we can leave a message if they are not available. If there is any particular time that would be most convenient for them to take a call, please state it here and we will endeavour to meet their needs:

**Risk Assessment**

<b>Risk</b>	<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Details if yes</b>
Is the home in a high crime area or an isolated location?				
Is there a history of drug use?				
Is there a history of criminal behaviour?				
Does any member of the family demonstrate or have a history of violent behaviour, such as verbal attacks, threats of physical attack or actual physical attacks?				
Do the family/parent have any health conditions that may affect the safety of the volunteer?				
<b>Are there any other risks that we need to be aware of?</b>				Please State:

<b>Practitioner completing this referral</b>	
Name:	
Contact Phone Number:	Email:
Organisation:	Role:
Address:	
Practitioner completing this referral is a:	
Not Applicable/ Self-referral	
GP	
Teacher	
Children's Centre worker	
Youth Offending Team	
Health Visitor	
Social Worker	
Other- please specify:	

Details on this form will be kept confidential within Family Lives and will only be used to work with parents and for our evaluation systems.