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[](http://www.google.co.uk/imgres?imgurl=http://www.fairtrade.org.uk/includes/filestore/896fcc8f-389e-4ac1-9db9-4f6f91060b3c.jpg&imgrefurl=http://www.fairtrade.org.uk/work/case_studies/read_a_case_study/default.aspx?ID=32&usg=__m2gIZZttti5eV3otb0QfQHlMnCw=&h=386&w=303&sz=83&hl=en&start=2&zoom=1&tbnid=MlwTpErmIIpKlM:&tbnh=123&tbnw=97&ei=cT_0T-qFGsa90QWz09mOBw&prev=/search?q=action+for+children&um=1&hl=en&safe=strict&sa=N&gbv=2&tbm=isch&um=1&itbs=1)

**INITIAL ENQUIRY FOR AN INDEPENDENT VISITOR**

|  |  |
| --- | --- |
| **LOCAL AUTHORITY** |  |

|  |  |
| --- | --- |
| **1. YOUNG PERSON’S DETAILS** | |
| **Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnic Origin** |  |
| **Placement Type** |  |
| **Name of Carer/Keyworker** |  |
| **Telephone Number** |  |
| **Address** |  |
| **Preference of IV i.e. Age, Gender** |  |
| **Leisure/ social activities that the young person is interested in** |  |
| **Other interests**  CONFIDENTIAL |  |

|  |  |
| --- | --- |
| **2. SOCIAL WORKER CONTACT DETAILS** | |
| **Name of Young Person’s Social Worker** |  |
| **Team** |  |
| **Postal address** |  |
| **Email address** |  |
| **Telephone Number** |  |
| **Fax number** |  |

|  |
| --- |
| **3. Expected outcomes for child from independent visitor contact** |
| Overarching Outcome Priorities for all referrals include:  Safe – keeping young people safe and supporting families  Equal – reducing inequalities and promoting quality  Achieving – raising aspirations, achievements and opportunities  **Identify other outcomes below – please tick relevant outcomes (√)**  The establishment of a consistent supportive relationship  Satisfaction in building trust  Gaining a friend/trusted adult  Establishing a broader outlook on life  Increased self esteem and confidence  Development of social skills  Increased opportunity to access a range of cultural, leisure and sporting activities which promote emotional wellbeing  **Please identify any additional outcomes below (that are not captured above):** |

|  |  |
| --- | --- |
| **4. ADDITIONAL DETAILS** | |
| **Length of current placement** |  |
| **Date of last LAC review** |  |
| **Date of next LAC review** |  |
| **What has the young person said about the Independent Visitor Scheme so far?** |  |
| **Have you made a previous referral to the I.V. Scheme for this young person?** |  |
| **Parental/Family Contact (please state current level of contact & any envisaged change within next three months)** |  |
| **Any Further Relevant Issues ( e.g Current Care Plan, behavioural, disability, child protection, education, youth justice)**  CONFIDENTIAL |  |
| **Where did the young person find out about the Independent Visitor Project?** |  |

**If you would like further discussion concerning a referral to the NE Consortia Independent Visitor Service, please contact:**

Charlotte Dack – Service Coordinator

Action for Children

Independent Visitor Service

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