



# FACE2FACE

## Parent befriending referral form

**Please return completed questionnaires to:**

Sandhya Gulati, Face2Face Coordinator,  
YMCA Sovereign Centre,  
Slipshatch Road, Reigate, Surrey, RH2 8HA

**T** 01737 222859

**E** [sovereign@ymcaeast Surrey.org.uk](mailto:sovereign@ymcaeast Surrey.org.uk)

[www.ymcaeast Surrey.org.uk](http://www.ymcaeast Surrey.org.uk)

Registered charity no. 1075028

### Who is making the request for Face2Face Befriending Support?

Name:

Agency:

Address:

Telephone:

Email:  Date:

**Is the family under TAF/Early Help Assessment team:**  Yes  No

If yes, please provide details e.g. Lead Professional's name and contact info.

### Who else is currently involved with the family or the children in the family?

*For example Children's Social Care, CAMHS, the police or an educational welfare officer*

1. Agency name:

Telephone:

Details of involvement:

2. Agency name:

Telephone:

Details of involvement:

3. Agency name:

Telephone:

Details of involvement:

**Do Parents/Carers have any additional needs we should be aware of** (Please tick as appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> Learning difficulties              | <input type="checkbox"/> Substance abuse                   |
| <input type="checkbox"/> Medical conditions / health issues | <input type="checkbox"/> Mental health issues              |
| <input type="checkbox"/> English as second language         | <input type="checkbox"/> Other (please give details) _____ |

**What are the desired outcomes?** (Please tick as appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> Improve wellbeing  | <input type="checkbox"/> Practical signposting     |
| <input type="checkbox"/> Reducing isolation | <input type="checkbox"/> Enhancing support network |



## Referral Information

Name of Parent/carer:

Address:

Telephone:

Email:

Parent/carer consent received  Yes  No

## GP information

Name of GP surgery:

Address:

Telephone:

## Information about the child/children with disability

Name:

Date of birth:

Diagnosis (if given):

Nursery/school/college name and address:

Key worker/SENCO contact details:

## Family background

*Please include any other information that is relevant regarding members of the family, siblings, grandparents etc.*

I understand that information submitted on this form may be shared, only when necessary, with other professional organisations (school, social services etc.). We will only do so with your explicit consent and in accordance with all applicable data protection legislation, including the General Data Protection Regulation.

If you have any questions about how your data is processed, please contact Sandhya Gulati, Face2Face Coordinator.

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