

FriendBee Family Registration Form

**Family and Young Person Information**

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| **Name of young person** |  |
| **CharityLog (for internal use)** |  |
| **Date of birth** |  | **Male**  |  | **Female** |  |
| **Parent/Carer name** |  |
| **Address** |  |
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| **Phone numbers** | 1. |  | 2. |  |
| **Email** |  |
| **Are there any Safeguarding issues we need to be aware of?** Please provide details. |  |
| **Do you have any household pets?** Please describe in case our Befrienders have allergies. |  |
| **Details of siblings** |
| Name |  | Male / Female | Date of Birth |  |
| Name |  | Male / Female  | Date of Birth |  |
| Name |  | Male / Female  | Date of Birth |  |
| **Will siblings be included in the sitting arrangements?** If yes, please provide general details. **Please note:** * *All children with a disability accessing the service will need their own Family Registration Form*
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| **Getting to know your child or young person** |
| To help us get to know your young person and to understand their needs and what they would like to get out of the relationship with a Befriender please provide a brief overview of their additional needs (e.g. diagnosis; how their disability affects them – sense of danger, mobility, and communication). This information will help support the relationship between your young person and their Befriender. Please tell us about the things you think are important to your young person.  |
| **What is their main disability or presenting need?** |  |
| **What does your young person enjoy doing?** |
| At home: |  |
| If they were going out with a Befriender: |  |
| Communication and sensory needs (hearing/sight)How does your young person communicate? You might want to tell us about any communication aids they use (e.g. PECS, sign language), how best they understand someone speaking to them (e.g. use short sentences, speak slowly).Please tell us if they have a hearing or visual impairment and what we need to know to work safely and effectively with them. |
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| Please provide information about you & your young person’s religious/ cultural background needs |  |

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| What do we need to know to keep your young person safe?Befrienders will have guidelines within their handbook to support your young person. |
| How can we tell if your young person is happy or not?Please tell us about behaviour, actions, facial expressions, words, etc. |
| Happy |  |
| Less than happy |  |
| Reaching a crisis point |  |
| How do they like to be comforted if they are unhappy or have hurt themselves? E.g. verbal reassurance; a cuddle; to be left alone.  |  |
| Do they have behaviours that we need to be aware of? E.g. showing aggression; violent behaviour; running away; refusing to walk. |  |
| Do they need support with moving and assisting, mobility and travel? E.g. going up and down stairs; using a wheelchair; how far they can walk; can they use public transport? |  |
| Do they need help or supervision with personal care?E.g. help with toileting (intervention / supervision); help to wash, help getting dressed or undressed. |  |
| What do they like to eat & do they need help with eating / drinking? Please tell about us your young person’s likes & dislikes; do they need help with eating; do they have special dietary requirements. |  |
| Other Information about your young personPlease use this space to continue information from any of the questions or to add any important information not previously covered that we need to know about your young person.For example, you might want to tell us about important people in your young person’s life that they may talk about; are they sociable and interact well with other people or do they need encouragement; or do they like to sit on the side-lines and watch? |
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| Health, allergies and medicationPlease note: * *We need to know about any medication your young person might take even if the Befriender will not need to give it.*
 |
| **Do they have Complex Health Needs?** | Yes – please provide details below  |  | No |  |
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| **Are there any other health needs we should be aware?** E.g. diabetes |  |
| Do they have any allergies? **E.g. peanut** |  |
| Do they take any medication?  | Yes – Medication Administration & Consent Form needed |  | No |  |

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| **When do you need a Befriender?** |
| **Please indicate the days/times you need a Befriender:**For example, this might be specific dates or more general – evenings, weekends; you might want to indicate frequency – occasional, regular – every week or month. |
| **Day** | **Morning** | **Afternoon** | **Evening** | **Night** | **Total Hours** |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |
| Please provide any further information: |
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| **Is there any other information that is important for you to share with us?**For example, must be female Befriender; prefer mature Befriender; must be sporty, etc. |
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| Equal Opportunities Monitoring |
| **Please note:*** *This information is about you, the Parent / Carer.*
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| Please choose from one of the following Ethnic Backgrounds from A to E: |
| **A)** | **Asian or Asian British** | Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Other Asian background, please specify: |  |
| **B)**  | **Black / African / Caribbean / Black British** | African |  |
| Caribbean |  |
| Other Black background, please specify: |  |
| **C)**  | **Mixed / Multiple Ethic Groups** | White & Asian |  |
| White & Black African |  |
| White & Black Caribbean |  |
| Other Mixed/Multiple Ethnic background, please specify |  |
| **D)**  | **White** | British |  |
| Irish |  |
| Other White background, please specify |  |
| **E)**  | **Chinese or Other Ethnic Group** | Chinese |  |
| Other Ethnic group, please specify |  |
| **Does your child / young person belong the same ethnic group as you** | Yes |  |
| No, please specify |  |
| **Gender** | Male |  | Female |  | Transgender |  | Other |  | Prefer not to say |  |
| **Do you consider yourself to be disabled?** | Yes |  | No |  |
| **Age group** | Under 19 |  | 19-26  |  | 27-34  |  | 35-44  |  | 45-64  |  | 65+ |  |

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| How did you find out about the service? |  |

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| I confirm that I have read and agreed to the Family Agreement, Personal Care Statement and Mobiles, Social Media and Photography statements. | YES | NO |
| I confirm that I will allow / will not allow Befrienders to take photos during a session for the purposes of sharing the session with our family and I understand that I can change this decision at any time. | ALLOW | NOT ALLOW |

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| **Would you like to sign up to receive Ruils newsletter with details of our services, activities and general information?** | No, thanks |  |
| Yes, please send me via email |  |
| **Would you like to become a member of Ruils?** | No, thanks |  |
| Yes, please |  |
| **Would you like to be added to our Children’s Services Email list?** | No, thanks |  |
| Yes, please |  |

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| **I agree to Ruils holding my personal data and information confidentially on their database and contacting me by:**  |
| * **Email**
* **Telephone**
* **Mobile Phone**
* **Text**
* **Post**
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The Ruils GDPR statement is available on request or from our website

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| --- | --- | --- | --- |
| Print name |  | Date |  |
| Signature |  |

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| **Please return to:**Attn: FriendBee ServiceRuils, The Disability Action & Advice Centre, 4 Waldegrave Road, Teddington, TW11 8HTPhone: 020 8831 6083Or email to:suerobson@ruils.co.uk or halliebanish@ruils.co.uk (Richmond) (Kingston) |