Westminster Befriend a Family

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**Westminster Befriend a Family**

**SELF ASSESSMENT QUESTIONS**

 **Family Befriending Referral Form**

**Family Information**

**Name:**

**Address:**

**Phone:**

**How would you describe your ethnicity?**

**What languages do you speak at home?**

**Who else lives in the family home?:**

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| --- | --- | --- | --- |
| **Name** | **Relationship** | **Date of Birth** | **Age** |
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Do you have any other people working with you, for example family support worker or social worker, or anyone else?

|  |  |
| --- | --- |
| **Name:****Profession:****Telephone:****Type of Support provided:** | **Name:****Profession:****Address:****Telephone:****Support provided:** |

**Does anyone in the family have any of the following issues?** If yes please circle and state who.

Physical disability

Long term health condition

Learning difficulty

Mental health condition

Behaviour difficulties

Domestic Violence

**What help would you like from a Befriender?** Please circle

**Parenting**

* Managing children’s behaviour
* Supporting children’s learning
* Supporting children’s health/ wellbeing
* Coping with conflicts at home
* Other

**Personal**

* Getting to know more people in the community
* Support in finding next steps in education or training
* Support towards finding work
* Supporting your health or wellbeing
* Other

**What do you hope to achieve by having a befriender?**

***WBAF befrienders work with families for six months.***

By signing this and agreeing to this referral you are giving consent for us to hold your personal information in our electronic records.

Your Signature:

Todays date:

***We are looking forward to working with you!***

If you have any queries please call

 Loris Konaizeh ,

WBAF Service Co-ordinator :

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Or email: **Loris@befriendafamily.co.uk**