

**REFERRAL FORM**

HIAS+JCORE’s Unaccompanied Minors Project (JUMP) is a befriending project for unaccompanied asylum-seeking and refugee children and young people in London.

JUMP provides one-to-one befriending for vulnerable young asylum seekers and refugees who have come to the UK without their parents or guardians. We match them up with a trained and committed adult volunteer befriender, who build a regular, stable and structured friendship with them, and offer them support as they navigate their way through life in the UK.

The information in this form will solely be used to find a suitable befriender for the child young person, or to contact the referrer or social services with regards to the child/young person. JUMP is grateful for any relevant information that you can share that will enable us to pair the child/young person with a befriender. Once complete please send to jump@hiasjcore.org

**REFERRER DETAILS (If you are self-referring, please skip this section)**

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| **Name:** | **Organisation:** |
| **Services offered:** | **Services being provided to young person:** |
| **Tel:** | **Mobile:**  |
| **Email:**  | **Address:**  |
| **Date:**  | **Signed:**  |

**CHILD / YOUNG PERSON’S DETAILS**

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| **First name:**  | **Surname:**  |
| **Date of birth and age**:  | **Gender:**  |
| **Address:**  |
| **Email:** | **Mobile number and other telephone numbers:**  |
| **Country of origin:**  | **First language / other languages spoken:** |
| **Religion:**  | **Level of English: (beginner, competent, good, fluent - or give ESOL level).**  |
| **When did the young person arrive in the UK?**  |

**CARE AND IMMIGRATION STATUSES**

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| **CARE STATUS** **Please outline the current care status of the child/young person to the best of your knowledge.** |
| **IMMIGRATION STATUS****Please outline the immigration status of the child/young person to the best of your knowledge.** |
| **MEDICAL CONDITIONS****Please outline any physical or mental health issues that the child/young person experiences that could be relevant to their involvement in a befriending project such as JUMP. Please specify covid vaccination status.** |
| **ADDITIONAL NEEDS****If the young person has any additional needs that have not been described above, or issues that might require particular support or sensitivity in the context of befriending, please let JUMP know.** |

**SOCIAL WORKER / PERSONAL ADVISOR / KEY WORKER’S DETAILS**

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| **Name of worker:**  | **Position:** |
| **Local Authority:** | **Telephone:** |
| **Mobile:** | **Email:** |
| **Is the social worker / personal advisor aware of this referral**?  |

**IF YOU ARE UNDER 18 AND LIVE WITH YOUR FAMILY, PLEASE PROVIDE DETAILS OF YOUR PARENT OR GUARDIAN**

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| --- | --- |
| **Name of Parent/ Guardian:**  | **Relationship to Young Person:** |
| **Mobile:** | **Email:** |
| **Is your parent/guardian aware of this referral**?  |

**REASON FOR REFERRAL**

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| **Please give an outline of why you are making this referral, based on the needs that you have identified in the child/or young person. Why do you think they would benefit from one to one befriending?** |
| **What would you say are the biggest challenges/needs currently facing the child/young person?** |
| **Have you had a discussion with the child/young person about JUMP before you made this referral?**  |

**ACTIVITIES**

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| **What are the best days for the child/young person to meet? Are there any days that the child/young person is not available for befriending activities?** |
| **Please circle or highlight any activities below the child/ young person would be particularly interested in doing with a befriender.**  |
| Improving English skills by chatting  | Football  |
| Going to museums  | Cricket  |
| Visiting art galleries  | Going to parks  |
| Swimming – check with client | Getting help with homework  |
| Learning how to get around London | Visiting the beach  |
| Photography  | Arts and crafts |
| Theatre | Eating out in cafes |
| Music. Any particular instrument/kind?check with client | Going to concerts/live music. Any particular kind? check with client  |
| Watching dancing: any particular kind?check with client | Participating in dance: any particular kind?check with client  |
| Having someone to talk to | Getting work experience (any particular job?)  |
| **Are there any other activities not included above that the child/young person would be interested to pursue with a befriender?** |

**CHILD / YOUNG PERSON**

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| The child/ young person should sign below to show they have given consent to share the information on this form and that they wish to take part in the befriending scheme. If the form was completed after a meeting with the child/young person, please secure verbal consent from them. |
| **Name of child/young person:** |  |
| **Date:**  | **Verbal consent secured:**  |