

## INDEPENDENT VISITOR REQUEST

(Children looked after by Lancashire County Council)

An independent visitor is someone for you; they will visit you about once every two week, do activities and give advice and support.

Or you can request a virtual independent visitor to chat to over the phone, instant message, email or do online activities.

Fill in this form to tell us about yourself and what you would like to do with an independent visitor. You only have to tell us the things you want to.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

I live at: \_\_\_\_\_

This is a: Foster home  Residential home  Other \_\_\_\_\_

I can be contacted on: \_\_\_\_\_

I am: Male  Female  Other

My ethnicity: \_\_\_\_\_ My religion: \_\_\_\_\_

I have a disability: Yes  No

If yes, this is categorised as:

Physical disability  Sensory impairment  Learning disability

Emotional/behavioral difficulties  Multiple disabilities

Other: \_\_\_\_\_

I am: On a full care order (Sec 31)  Accommodated (Sec 20)

Other: \_\_\_\_\_ Date from: \_\_\_\_\_

## Other useful contacts for me (please complete where appropriate):

Parent/carer: \_\_\_\_\_

Phone: \_\_\_\_\_

Social worker: \_\_\_\_\_

Phone: \_\_\_\_\_

Key worker: \_\_\_\_\_

Phone: \_\_\_\_\_

## Tell us more about you:

I see my friends a lot

I see my friends a lot

I would like to meet new friends

I am very busy with activities

I would like someone to speak to

I would like things to do in my spare time

I do not see my family

I see my family a lot

I have just moved to a new area

I am happy where I live

I would like help to be more confident to meet new people my age

I know I am here for a while and want to get to know the area

What language do you speak? \_\_\_\_\_

Would you like a face to face visitor or a virtual visitor?

Face to face  Virtual  Both

What would you like to do with your visitor?

\_\_\_\_\_

Would you like them to be: Male  Female

What skills, interests, and qualities would you like your visitor to have?

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Job role: (if completed by a professional) \_\_\_\_\_

Telephone no: \_\_\_\_\_ Date completed: \_\_\_\_\_

I am submitting this form by: email  post  in person

## The Children's Society in Lancashire

Unit 12, Eastway Business Village,  
Olivers Place,  
Fulwood, Preston  
PR2 9WT

t: 01772 759 233  
e: CRL@childsoc.org.uk  
Freephone: 0800 085 6324

I had help with this form from:

Social worker

Foster carer

Unite staff

Other: \_\_\_\_\_