

PLACEMENT REFERRAL FORM

To be completed by Placing Council's Social Worker

One form is to be completed for each child and for each proposed placement.

YOUNG PERSON'S PERSONAL INFORMATION

YOUNG PERSON'S NAME			
GENDER		DATE OF BIRTH	
IF UNDER SECTION 47 GIVE DETAILS			
ETHNIC ORIGIN		NATIONALITY	
RELIGION		LANGUAGE	

CURRENT ADDRESS If different from address of parent /legal guardian					
PLEASE STATE IF THIS IS:	HOME		PLACEMENT		OTHER
OTHER GIVE DETAILS					
PARENT /LEGAL GUARDIAN NAME & ADDRESS					
SIBLINGS (NAMES/DOB)					

YOUNG PERSON'S HISTORY AND BACKGROUND:				
MAIN CHALLENGING BEHAVIOURS <i>(give details)</i>	ABSCONDING	YES		
		NO		
	AGGRESSION	YES		
		NO		
	OTHER:			

DISABILITIES /LEARNING DIFFICULTIES / SEN: <i>(if applicable)</i>		
LIKES/DISLIKES: HOBBIES/INTERESTS:		
DIETARY NEEDS:		
MEDICAL NEEDS:	MEDICATION:	
	ALLERGIES:	
	THERAPEUTIC SERVICES:	
	EATING DISORDER:	
	SELF HARM:	
	DRUG/SMOKING/ ALCOHOL ABUSE:	
	WETTING/SOILING:	
OTHER MEDICAL:		
OFFENDING HISTORY:		

Education/ Employment/ Training

IS THE YOUNG PERSON IN FULL TIME EDUCATION?	YES		NO	
NAME OF EDUCATIONAL PROVISION: (CLASS TEACHER, HEAD TEACHER, ADDRESS)				
IS THE YOUNG PERSON IN EMPLOYMENT OR TRAINING?	YES		NO	
NAME OF EMPLOYER OR TRAINING PROVIDER: (NAME AND ADDRESS)				

SOCIAL CARE

NAME OF LA:			
SOCIAL WORKER		TELEPHONE NO	
		EXT	
		EMAIL	
ARE OTHER AGENCIES INVOLVED IN THE YOUNG PERSON'S WELFARE?		YES	
		NO	
		If yes give details of agencies	
CHILD PROTECTION REGISTER? - If applicable	YES	IF YES, WHAT CATEGORY IS IN THE CHILD IN ON THE REGISTER:	
	NO		
	N/A		

LEGAL STATUS (if applicable):	P.P. O		E.P. O		SECTION 20	
	SEC 38		SECTION 31		OTHER	
CARE PLAN Brief outline						

PLACEMENT INFORMATION

DATE PLACEMENT REQUIRED:				
EXPECTED LENGTH OF PLACEMENT				
REASON FOR PLACEMENT				
PLACEMENT DETAIL:	EMERGENCY (UNDER 48 HOURS NOTICE)		PLANNED	
CURRENT PLACEMENT BREAKDOWN, PLEASE GIVE DETAILS:				
ANY ALLEGATIONS MADE AGAINST PREVIOUS PLACEMENT PROVIDERS (give details) :	(Do not provide names of carers concerned)			

ANY OTHER RELEVANT INFORMATION:		
(Please input any other information, not contained in this form that may be relevant)		
Can they be placed with other young people? <i>(if not reason why)</i>	Yes	If no, please explain- Specify who the young person cannot be placed with e.g. gender, older / younger-.
	No	

PLACEMENT AGREEMENT GIVEN BY

TITLE & NAME:	
ROLE/POSITION:	
LOCAL AUTHORITY:	
DATE:	

FORM COMPLETED BY

TITLE & NAME:		
ROLE/POSITION:		
CONTACT DETAILS:		
DATE:		
SOURCE(S) OF INFORMATION USED:		