REFERRAL FORM

This form is to be completed by the referring agency/social worker. Please complete it with as much detail as possible and when asked to indicate, please tick the appropriate category.

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| **Name:** |  |
| **Address:** |  |
| **Tel No:** |  |
| **D.O.B:** |  |
| **Legal Status:** |  |
| **Name of Parent/s:** |  |
| **Address** |  |
| **Tel No:** |  |
| **Name of Current****Carers:** |  |
| **Address:** |  |
| **Tel No:** |  |
| **Religion:**  |  |
| **Ethnicity:**  |  |
| **Language Spoken:**  |  |
| **Reason for Referral:** |  |

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| Background Information:(Please include reasons for care episode, previous placements, family history) |
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| Family Composition:(Please include all significant relatives in the young person’s life) |
| Surname Forename DOB Relationship |

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| Health Information:(Please include any ongoing treatment, allergies, illnesses) |
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| Education:(Please include any current educational provision, attendance, attainment) |
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| **Does the YP have an EHC Plan or in process of EHC Needs Assessment?**(If yes, please provide a copy of plan)Yes / No |
| **Contact Arrangements**:(Please include details of any court orders restricting contact) |
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| Social/Emotional/Personal Development:(Please include details of any therapy/counselling) |
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| Desired Outcomes: |
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| **Risk Assessment**:(Please indicate if the child/young person has a history of the following) |
| Self Harming Offending BehaviourDrug/Alcohol/Substance MisuseViolenceViolence/Aggression towards StaffChild Sexual ExploitationChallenging Behaviour Fire Setting ProstitutionEating DisorderIf **Yes**, Please give details:  |
| Other Relevant Information:(Please indicate if any of the following are available with this referral and enclose) |
| Other: |

Referral made by:

|  |  |
| --- | --- |
| Name of Social Worker: |  |
| Borough: |  |
| Address: |  |
| Tel No: |  |
| Name of Team Manager: |  |
| Budget Code: |  |
| Address: |  |
| Tel No: |  |
| Emergency Duty Team Tel No: |  |
| Date of Referral: |  |

Please send completed referral form to:

E-Mail: jamila.ferron@supportindependence.co.uk / admin.life@supportindependence.co.uk

Tel: 07534 955 582

Office use only:

|  |  |
| --- | --- |
| Date Received: |  |
| Action Taken: |  |
| Staff Signature: |  |