

CHILD REFERRAL FORM

Sent to:.....Children's Social Care

REFERRED BY: (print)		Status				
Address:						
Postcode:		Telephone:				
Confirmation of verbal referral: Yes / No		If Yes Date:	Receiving Worker:			
Child / Young Person / Expected baby details						
Family Name:		Forename:			DOB:	
Gender: M / F	Disability:			Ethnic Origin:		
Address:						
Postcode:		Telephone:			Mobile:	
Main Address if different from above:						
Postcode:		Telephone:				
Child / Young Person's principal carers / expectant mother						
Name DOB	Relationship to child	Address		Tel No:	Parental responsibility	Ethnic Origin
					Yes / No	
					Yes / No	
Other household members (including children and non family members)						
Surname	Forename	DOB	Relationship to child	Concerns	Ethnic Origin	Disability
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
Other contact addresses & Tel No (e.g. Grandparents)						

Agencies Involved			
GP:	Base:	Tel No:	
Health Visitor:	Base:	Tel No:	
School Nurse:	Base:	Tel No:	
School / Day care:			
Others Agencies Involved:			
Is parent / carer aware of referral?	Yes / No	Re referral	Yes / No
Has consent been obtained to refer?	Yes / No	Date discussed	
If No Reason:			
Has a Common Assessment (CAF) been completed	Yes / No Date	Lead Professional details:	
Is an Interpreter / Signer required?	Yes / No	Language / method required:	
Additional Information			

Additional Information

According to YOUR current knowledge of the family, complete where possible each section with information you currently hold. Be clear and specific about why you feel Children's Social Care involvement is warranted now.

CHILDS NAME:
Child's Developmental needs (may include health, education, emotional and behavioural development, family and social relationships, social presentation, self-care skills):

Parenting Capacity (may include basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability):

--

Family and Environmental Factors (may include wider family, housing employment, social/community integration – include any worker safety issues):

--

Do you believe the information is sufficient to warrant enquiries under the safeguarding children procedures? Is the child at risk of significant harm?

--

Reason for request for Children's Social Care Assessment:

--

Signature:

Date: