

**Service Referral Form**

 **Referral Agency**

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| --- | --- |
| Name of Referrer | Phone No |
| Organisation name |
| Address |
| Date referred |  | Date received by CPK |  |
| Please note any safety issues for staff | Is a risk assessment required? |  |

 **Child/ren’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child/ren’s Name | DoB |  | Gender |  |  |
| Ethnicity | Religion |  |
| Address | Tel No. |
| School | Who has parental responsibility? |  |
| What is the child/ren’s legal status? |  |  |
| Is there a Child Protection Plan? |  |  |
| Is there a SEN statement? |  |  |

 **Family Details**

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| **Parents** |
| Name |  | DoB |  | Gender |  | Relationship to the child/ren |
| Address |  |  |
| Name |  | DoB |  | Gender |  | Relationship to the child/ren |
| Address |  |  |
| **Siblings** |
| Name |  | DoB |  | Gender |  |  |
| Address  |  |
| Name |  | DoB |  | Gender |  |  |
| Address  |  |
| Name |  | DoB |  | Gender |  |  |
| Address |  |
|  |
| **Other family members or friends.**These might be grandparents, aunts and uncles who are supportive or may have an influence in resolving the concerns and keeping the children and young people safe. |
| Name |  | Relationship to child |  |
| Address |  | Tel No. |  |
| Name |  | Relationship to child |  |
| Address |  | Tel No. |  |
| Name |  | Relationship to child |  |
| Address |  | Tel No. |  |
| Name |  | Relationship to child |  |
| Address |  | Tel No. |  |
| Name |  | Relationship to child |  |
| Address |  | Tel No. |  |
| Name |  | Relationship to child |  |
| Address |  | Tel No. |  |
| **Reason for Referral** Please ensure this information is discussed with the family and that they have given consent to this referral being made. |
| **Family history**This information will be read to the all family members so please keep it concise, fact based and jargon free. |
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| **What are the family strengths?** What do various family members do well and how do they help and support the children in question? |
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| **What are the concerns of professionals?** List the key issues the family need to address and rectify. |
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| **What are the desired outcomes?** List the things you are asking the family to consider and answer, to enable them to address the concerns. |
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| What is non negotiable and absolutely cannot happen or absolutely has to happen? |
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| Are there any significant timescales? |
|  |

 **Professionals involved with the child**

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| --- |
| **Social Care worker** |
| Name |  | Name |  |
| Tel No. |  | Email |  | Tel No. |  | Email |  |
| **School**  |
| Name |  | Name |  |
| Tel No. |  | Email |  | Tel No. |  | Email |  |
| **Health Services** |
| Name |  | Name |  |
| Tel No. |  | Email |  | Tel No. |  | Email |  |
| **Youth Worker or Probation** |
| Name |  | Name |  |
| Tel No. |  | Email |  | Tel No. |  | Email |  |
| **Advocates** |
| Name |  | Name |  |
| Tel No. |  | Email |  | Tel No. |  | Email |  |
| Other professionals |
| Name |  | Name |  |
| Tel No. |  | Email |  | Tel No. |  | Email |  |

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| --- |
| **Agreement (**The information on this form needs to be shared with the parent/carer.) By signing this we give our consent for the referral to be made and for relevant information to be shared with our extended family and professionals. |
| **Parent/Carer Signatures:** |  |
| **Child/Young Person Signature:** |  |

**Please send this referral to:**

Carmel Knowles

Practice Manager

CPK Empowering Families Ltd

Phone: 0781 4024468

Email: cpkfamily@btinternet.com