

**Service Referral Form**

**Referral Agency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **What are the family strengths?**  What do various family members do well and how do they help and support the children in question? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **What are the concerns of professionals?**  List the key issues the family need to address and rectify. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **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](mailto:cpkfamily@btinternet.com)