**Child / Young Person Referral Form**

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| **Name of Child/Young Person:** | **DOB:** | **Address:** |
| **Parent/Guardian Name:** | **Contact No:** |
| **School:****Contact Name:**  | **GP Address:**  |
| **Is the pupil registered with social services?** **CPO / Child in Need / LAC** | **Name of Social Worker:****Email:** |
| **Does the child/young person…*** **know and understand about the referral that is being made? YES/NO**
* **have any Special Educational Needs? YES/NO**

 **Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** **work with any other agency: CAMHS / YOT / Young Carers /**

**Other­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Has a parent/carer/ Social Worker been notified about the referral that is being made?** **YES / NO** |
| **Presenting issues/Reason for referral:** |
| **Referral Authorised by:**  **Name: .............................................................**  **Signature: ........................................................**  **Parent/carer /Professional Designation: ............................................ Date:…………………** |

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| **Notes / Further Information:** **Family Structure:****Parent/Carer 1:………………………………………………………….****Contact Number:…………………………………………..****Parent/Carer 2:…………………………………………………………...****Contact Number:…………………………………………...****Sibling 1: ………………………………………………………****Sibling 2: ………………………………………………………****Sibling 3:……………………………………………………….****Sibling 4:……………………………………………………….*****(For office use only)*****Planned support or no follow up required****No of Sessions provided and outcome****Name of Person Taking Initial referral: (date and sign)** **Name of Person undertaking initial assessment: (date and sign)**  |