**Child / Young Person Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:…………………** | | | |

|  |
| --- |
| **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)** |