

Southern Independent Provider Network



REFERRAL FORM

Date	
Admission Date Requested	
Referring Officer	
Position	
Locality Office	
Address	
Telephone	
E-Mail	
Fax	

Basic Information

Surname		Forenames	
DOB/Age		Sex	
Country of origin		Religion	
		Ethnicity	

Social Worker Details

Name	
Address	
Telephone	
Fax	
E-mail	
Team Leader Name	
Telephone	
EDT Telephone	

Legal Information

Details		
Looked After legal status (e.g. s.20, s.31, s.25 etc).	Yes/No	
Who has parental responsibility?		
Current Criminal Court Orders	Yes/No	
Education Statement	Yes/No	
Child Protection Register	Yes/No	
Sex Offender Register	Yes/No	
Contact Restrictions	Yes/No	
Curfews	Yes/No	
Any other Court Orders	Yes/No	
Any outstanding court appearances/police action?	Yes/No	

Family/Significant other Composition

Name	Age	Relationship	Address and contact number	Contact with child

Physical and Emotional Development

Details:

--

Young Persons Views/Aspirations

What does the Young Person understand by the change of placement?	
What does the young person want from a new placement?	
Please give details of the Young Persons aims, aspirations and achievements	

Present Placement Details

Current Placement Name and Address	
Contact details	
Type of placement : Family/Foster Care/Open Residential/Secure Unit	
Present staff ratio	
How long has YP been resident	
Please state reasons for alternative placement being sought	

Placement History

From	To	Type of placement	Name, contact details	Reason for move

Risk Assessment

Has there been any previous history of;		Details
Sexualised behaviour	Yes/No	
Drug use	Yes/No	
Alcohol use	Yes/No	
Use of other substances	Yes/No	
Absconding	Yes/No	
Fire setting	Yes/No	
Verbal aggression	Yes/No	
Violence to adults	Yes/No	
Violence to peers/bullying	Yes/No	
Self harm	Yes/No	
Property damage	Yes/No	
Allegations against staff	Yes/No	

Other Agency Involvement ie. CAHMS, YOT, Advocacy etc

Name	Agency and Contact no.	Length of Involvement

Family Background

Reason for Social Services involvement	Details:	
Length of involvement with Social Services?		
Has a Core Assessment been completed?	Yes/No	Date:

Health

Name & address of G.P. with whom registered		
Ongoing health conditions	Yes/No	Details:
Current medication	Yes/No	Details:
Allergies	Yes/No	Details:
Specific dietary needs	Yes/No	Details:

Education History

Name of school	Type of school	From	To	Reason for leaving
Educational Attainments				

Placement

Type of placement Required?	Please tick Single Occupancy Dual Occupancy Three Bedded Four Bedded Larger Group
Staff ratio requested (if applicable)	
Waking night requested?	
Specific issues to be addressed	
Anticipated length of placement	
Future plan	
Has funding been approved YES/NO	If YES by who Name.....

Supporting Information (please attach relevant reports/information)

Recent statutory review report	Yes/No
Court statement of evidence	Yes/No
Specialist reports	Yes/No
School reports	Yes/No
Core Assessment	Yes/No
Historical Chronology	Yes/No
Recent Incident Reports	Yes/No
Medical Report	Yes/No

GENOGRAM

