

Referral Form

Local Authority referring:		
Date of referral:	Name of contact:	
Contact phone no:	Email:	
Name of Young Person	Social Worker	
Current Residence	Address	
Telephone Number	Telephone Number	
Γ		
Young person's details:	Г	
Date of birth:	Legal status:	
Reason for placement:		
Long-Term Care Plan:		

Contact Arrangements:		
With family:		
With extended family and friends:		
Restricted contact including telephone calls:		
Does the young person have a Personal Educational Plan?	YES	NO
School Currently Attended:		
Are there any other systemal area in relical with the verse page 2	VEC	
Are there any other external agencies involved with the young person? e.g. CAMHS, Kaleidoscope?	YES	NO
If YES, please provide Name of Service(s): Named contact(s) (if known)	:
Staying Safe:		
Is the young person subject to any legal order?	YES	NO
If YES, what category?		
	г	
Is young person subject to Child Protection Plan?	YES	NO

Please comment on the young person's general health – Do they have any allergies, outstanding treatment required?		
Details of previous / current GP, dentist, optician appointments etc.		
What are the young person's likes / dislikes?		
What are the young person's views on this referral?		

Any further information you feel relevant to the referral:		
Other documents included with referral		
Checklist:	YES	NO
Current LAC		
LA Care Plan		
PEP		
LA Risk Assessment		
Declaration		
Declaration To the best of my knowledge, the information provided is full and accurate and no information has been withheld:		
Signed I	Date	
Received by	Date	