

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 external agencies involved with the young person? YES NO
e.g. CAMHS, Kaleidoscope?

If YES, please provide Name of Service(s): **Named contact(s) (if known):**

Staying Safe:

Is the young person subject to Registration? YES NO

If YES, what category?

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	<input type="checkbox"/>	<input type="checkbox"/>
LA Care Plan	<input type="checkbox"/>	<input type="checkbox"/>
PEP	<input type="checkbox"/>	<input type="checkbox"/>
LA Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>

The personal data you provide will be used, stored and deleted in accordance with St Cuthbert's Care's privacy notice, which is available as a download at <http://www.stcuthbertscare.org.uk/privacynotice.pdf>.

Declaration

To the best of my knowledge, the information provided is full and accurate and no information has been withheld:

Signed **Date**

Received by **Date**