

166 Knowsley Road, Bootle, Merseyside - 0151 922 8606

Return by secure email: CJSM - assessmentteam@swaca.cjsm.net or Egress – assessment@swaca.com

Return by unsecure email to: assessment@swaca.com

Child/Young Person Referral Form

Referring Agency Details

Referring Agency		Date	
Contact Person		Tel. No	
Email Address			

Child/Young Person who is causing harm.

Details

Name		D.O.B.	
Current Address (Including Postcode)			
Ethnicity		Gender	
		CP	
		CIN	
		CA F	
(please tick)			
Copy of plan MUST be attached before referral can be processed.			
School/Education		Contact Name	
Name of person with parental responsibility			

Details of Special Requirements (E.g., additional needs or additional support)

Does the child/ young person use alcohol or drugs?

Details of other professionals involved (E.g., in capacity as Core Group, TAF members)

Name		Capacity		Tel/Email	
Name		Capacity		Tel/Email	
Name		Capacity		Tel/Email	
Name		Capacity		Tel/Email	

Is the child/YP currently receiving support from any other agencies (E.g., FSW, CAMHS, School Mentor)

Name		Agency		Tel/Email	
Name		Agency		Tel/Email	

How does the child cause harm?

Who does the child cause harm to?

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When was the most recent incident?

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What is the child's/young person's experience of domestic abuse?

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This child/YP should be considered for the following: (tick both if applicable)

Group Work	<input type="checkbox"/>	One-to-One Work	<input type="checkbox"/>
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Resident parent/carer details: (if different from child/YP)

Name		Tel.	
Current Address (Including Postcode)			

Non-resident parent/carer details:

Name		D.O.B.	
Current Address (Including Postcode)			

Who else lives in the family home?

Name	Relationships to child/YP	D.O.B.

Other significant adults in child's/YP's life (E.g., extended family, new partner)

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Consent - This section MUST be completed if the child is under 14 years old.

I give my consent for a SWACA Children's Worker to make contact and commence work with the child named on this referral. I understand this could take place in School. I understand that SWACA will contact me as part of their ongoing work and that if, at any time, I wish this work to cease, I will notify SWACA.
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I confirm that I have parental responsibility for the child named on this referral.

Signed _____

Date _____

Printed _____