

166 Knowsley Road, Bootle, Merseyside - 0151 922 8606

Return by secure email: CJSJ - assessmentteam@swaca.cjsj.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 Details

Name	D.O.B.	
Current Address (Including Postcode)		
Ethnicity	Gender	CP
		CIN
		CA F
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)

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 do you feel DA has affected this child/YP?

When was the most recent incident?

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

Group Work		One-to-One Work	
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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.	
Name		Relationships to child/YP		D.O.B.	
Name		Relationships to child/YP		D.O.B.	
Name		Relationships to child/YP		D.O.B.	
Name		Relationships to child/YP		D.O.B.	
Name		Relationships to child/YP		D.O.B.	

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

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.

I confirm that I have parental responsibility for the child named on this referral.

Signed _____

Date _____

Printed _____