



## Referral Form For Children's Residential

### Information about the Young Person

Full Name	
Date of Birth	
Current Address & postcode	
Tel.	
Date of Birth/Age	
Gender	
Ethnic Origin	
Where Does the Young Person want to live?	
Religion (practising / non)	

### Information about the family

Mother's/Guardian's name & details including phone number and address:	Father's/Guardian's name and details including phone number and address:
Previous/current carers (e.g. foster carers) details:	Grandparents/Aunts extended relevant family:

### Siblings

Name(s)	
Age (s)	
Address	
Current level of contact between young person and family	
Any significant others	
Any instructions regarding contact	

### Educational Status

Current Educational details
Any learning details/special needs

### Medical History

Relevant medical details
Is the young person prescribed any medication?
Any allergies?
Does the young person have any specific, on-going health needs?

Has the young person been seen by a psychiatrist or psychologist?
Does the young person have any mental health provision that is likely to continue at the Leaving Care Company?

### Offending History

Last offence	Dates
Previous offence	Dates
Previous sentences	
Outstanding court dates/orders	
Any bail/remand conditions	
PSR due? Yes/no	Likely dates
Does the young person have a history of seeking police intervention or dialling 999?	
Does the young person have a history of taking cars without consent?	

### Accommodation History

Current legal status
Length of time accommodated/in care
Original reason for admission

## Safety Concerns

Does the young person have a history of any of the following problems?

Please add your comments (including details of frequency of problem, and current state of the difficulty)

<b>Problem:</b>	<b>Comments</b>
Fire setting?	
Sexual Exploitation?	
Absconding?	
Violence/Staff assaults?	
Self harm?	
Predatory sexual behaviour?	
Drug/alcohol misuse?	
Is the young person a schedule one offender?	
Other (please state)	

## Present Situation

Current attitude/level of self esteem
Likely effect on peer group
Likely attitude towards staff, male/female? Does the YP have any specific issues with males/females? Do you have a preferred gender that you would like the YP to work with?
Ability to adapt to new situations
Ability to communicate (verbally or otherwise)
Interests/hobbies
What are the Young Person's views regarding an independence placement?
Willingness to participate in structured individual programme
Experience of outdoor activities

## Social Work Requirements

In what way can this placement help the young person to develop?
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How do you think the young person will respond to this placement?
Has the young person a current Pathway Plan?
What is the current long-term plan for this young person?
Has the young person an independent visitor, mentor or advocate?
What are the specific areas & behaviours you would like us to address?
What would you like the young person to achieve from this placement?

### Referrers Details

Name (please print)	
Position	
Agency	
Address	
Tel. No.	
Fax No.	
E-mail address	
Signed	

