

**CORE SCHOOL FAMILY WORKER SERVICE**

**REFERRAL FORM**

**This form should be used when a child or young person has a need which requires a response**

**from a member of St Albans Plus Schools Partnership Team.**

**For Child Protection referrals use the *Hertfordshire Child Protection Referral* *Form* or ring 0300 123 4043.**

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| **WHICH SERVICE ARE YOU REQUESTING?** | | | | | | | |
| **Family Support** | |  | | **Families First Assessment or ECaf** |  | **Behaviour Intervention** |  |
| **Nurture support –Primary** | |  | | **Nurture support Secondary** |  | **Protective Behaviours** |  |
| **WHAT IS THE REASON FOR YOUR REFERRAL?** |  | | | | | | |
| **WHAT ARE THE DESIRED OUTCOMES FOR THE CHILD/YOUNG PERSON OR FAMILY?** | ***These outcomes could be an improvement in attendance, achievement. behaviour, emotional wellbeing or parent support. We will accept other desired outcomes*** | | **1**  **2**  **3** | | | | |

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| **CHILD/YOUNG PERSON FIRST NAME** |  | **DATE OF BIRTH** |  |
| **CHILD/YOUNG PERSON SURNAME** |  | **GENDER** | MALE FEMALE |
| **ADDRESS** |  | **DISABILITY** |  |
| **CHILDS FIRST LANGUAGE** |  | **UPN** |  |
| **ETHNICITY** |  | **GP NAME OR SURGERY** |  |
| **SCHOOL NAME** |  | **REFERRERS NAME** |  |
| **SCHOOL CONTACT NUMBER** |  | **REFERRERS**  **CONTACT EMAIL** |  |

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| **PARENT/CARER NAME** | **ADDRESS (IF DIFFERENT FROM THE CHILD)** | **CONTACT NO** | **GENDER** | **PARENTAL RESPONSIBILITY** |
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| **Do any of the Parents/Carers have a disability?** | Yes No |
| **Do any of the Parents/Carers require an Interpreter?** | Yes No |
| **If yes, what is their first language?** |  |

FAMILY COMPOSITION/SIGNIFICANT OTHERS

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| --- | --- | --- | --- | --- |
| **FULL NAME** | **ADDRESS** | **DOB** | **RELATIONSHIP TO CHILD NAMED ABOVE** | **GENDER** |
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**OTHER SERVICES INVOLVED WITH THE CHILD**

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| **NAME OF PROFESSIONAL AND ORGANISATION** | **CONTACT DETAILS** | **WHAT WORK IS CURRENTLY BEING UNDERTAKEN WITH THE NAMED CHILD OR FAMILY** |
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**ADDITIONAL INFORMATION**

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| ***Please detail any behaviours observed and experienced and impact on own and others academic progress if appropriate*** |

**CONSENT**

Consent and Information sharing – Parental consent is required to enable information sharing with the identified service. Young people should be aware of the request for a service and be asked for their consent. You will need to make a professional judgement about the young person’s understanding of giving consent.

* I understand that the information contained in this form will be shared with The St Albans Plus Local Partnership team
* I agree to the request and give consent for the service to work with my child/ren and/or me as parent/carer
* I understand that I can withdraw consent at any time

|  |  |
| --- | --- |
| **SIGNATURE OF PERSON MAKING THE INTERVENTION REQUEST** |  |
| **DATE** |  |
| **PARENT/CARER SIGNATURE** |  |
| **DATE** |  |
| **YOUNG PERSON SIGNATURE (IF REQUIRED)** |  |
| **DATE** |  |

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| IF CONSENT HAS NOT BEEN OBTAINED, PLEASE GIVE A REASON |

**PLEASE RETURN THIS FORM TO:**

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| **Post:**  KARIN RIDOUT  ST ALBANS PLUS SCHOOLS PARTNERSHIP | **Email:** | **Courier bag:**  Karin Ridout,  Fleetville Junior School  School no 420 |

**For help and assistance filling in this form, please contact Karin Ridout on 07584 79529**

***All LP staff are DBS checked and attend regular safeguarding training as well as their relevant qualifications.***