

**TRADED 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?** |
| **Counselling**  |  | **Mentoring** |  | **Staff Training** |  |
| **Bereavement Support** |  | **Staff Supervision** |  | **EHCPlan Support (SEN School Family Worker)** |  |
| **Bespoke Parenting Workshop** |  | **Bespoke Parenting Course** |  | **Small Group Pupil Programme** |  |
| **Emotional Wellbeing Programme** |  | **Other (please specify)** |  |  |  |
| **WHAT IS THE REASON FOR YOUR REFERRAL?** |  |
| **WHAT ARE THE DESIRED OUTCOMES FOR THE CHILD/YOUNG PERSON?** | **1****2****3** |

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| **CHILD/YOUNG PERSON NAME** |  | **DATE OF BIRTH** |  |
| **ADDRESS** |  | **GENDER** |  MALE FEMALE |
| **PARENT NAME** |  | **PARENT CONTACT DETAILS** |  |
| **CHILDS FIRST LANGUAGE** |  | **DISABILITY** |  |
| **ETHNICITY** |  | **UPN** |  |
| **SCHOOL NAME** |  | **REFERRER’S NAME**  |  |
| **SCHOOL CONTACT NUMBER** |  | **REFERRERS****CONTACT EMAIL** |  |

**OTHER SERVICES INVOLVED WITH THE CHILD**

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|  | **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

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| **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:**JO MAHERST ALBANS PLUS LOCAL SCHOOLS PARTNERSHIP | **Email:**Jo.maher@fleetvillejm.herts.sch.uk | **Tel:** 07939 111152**Courier bag:**School No. 420 |

**For help and assistance filling in this form, please contact Vista St Albans CIC: vistastalbans@gmail.com**

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