

 **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**  |  | **Other** |  |
| **WHAT IS THE REASON FOR YOUR REFERRAL/ SUMMARY OF CONCERNS** | **1****2****3** |

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| **CHILD/YOUNG PERSON FIRST NAME** |  | **DATE OF BIRTH** |  |
| **CHILD/YOUNG PERSON SURNAME** |  | **YEAR GROUP** |  |
| **ADDRESS** |  | **GENDER** |  MALE FEMALE |
| **CHILDS FIRST LANGUAGE** |  | **DISABILITY** |  |
| **ETHNICITY** |  | **UPN** |  |
| **SCHOOL NAME** |  | **GP NAME OR SURGERY** |  |
| **SCHOOL CONTACT / REFERRER’S NUMBER** |  | **REFERRER’S****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/SIBLINGS

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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

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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:**KARIN RIDOUTST ALBANS PLUS SCHOOLS PARTNERSHIP | **Email:**karin.ridout@fleetvillejm.herts.sch.uk | **Courier bag:**Karin Ridout, Fleetville Junior SchoolSchool 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.***

***Vista is GDPR compliant. Our ICO registration number is ZA354653. Personal information taken by our professionals may include session notes, contact records, emails or texts. Your electronic details will be kept securely and will be deleted at the end of every academic year. However paper data may be kept for up to 7 years if a legal requirement.***