**Referral Form – Children and Young People’s (CYP) Service**

**Referral from:**

Self (I am over 12 and referring myself) [ ]  Safe primary caregiver (I am referring my child) [ ]

Agency (I am a professional making a referral) [ ]

**Child/Young Person’s details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Address (including postcode):** |  |
| **Initial contact to be made with:** | Child/young person (if over the age of 12) [ ]  Safe primary care giver [ ]  Agency [ ]  |
| **Safe contact details for young person (if over 12 years old):****(Phone & e-mail)**N.B. For children under 12 please complete primary caregiver details on page 2 |  |
| **Safe and preferred method of contact (if over 12 years old):** | [ ] Text Message [ ] Email[ ] WhatsApp *(Texting App)* [ ] Phone call [ ] Safe Primary Care Giver |
| **Spoken language:** |  |
| **Place of education:** *(School or Nursery details)* |  |
| **Named Person:** *(Health visitor (pre-school), head teacher (primary school), guidance teacher (secondary school))* |  |
| **Additional support needs:**(If yes please provide brief details) | [ ]  Yes  | [ ] No | [ ] Unsure |
| **Child Protection:**(If yes please provide brief details incl. name of social worker) | [ ] Yes (please  | [ ] No | [ ] Unsure |
| **Other agencies working with child/young person:***(Please tick all as many agencies as are involved currently with CYP)*: | [ ] Social work [ ] Young Carers [ ] Other *(please specify)*  | [ ] Child Support Worker (CSW)[ ] CAMHS / Mental Health Worker[ ] Children’s Hearing/Panel[ ] Educational Psychologist |

**Safe Primary Caregiver’s details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to child/young person:** |  |
| **Safe contact details** *(Phone and/or e-mail)* |  |
| **Safe and preferred method of contact:** | [ ] Text Message [ ] WhatsApp *(Texting App)*[ ] Phone call [ ] Email |
| **Is primary carer receiving support from the Women’s Service at CASWA?\*** | [ ] Yes [ ] No (if no is a referral required/wanted?)[ ] Unsure\*We have a woman’s service available for any woman who has experienced domestic abuse. |

**Essential Information:**

|  |  |
| --- | --- |
| **Is the child/young person experiencing domestic abuse from a parent/step parent or ex-step parent:** | [ ] Yes [ ] No [ ] Unsure |
| **Is the child/young person experiencing domestic abuse from within their own relationship:** | [ ] Yes [ ] No [ ] Unsure |
| **Please briefly summarise the reason for the referral and how/why they would benefit from support:** |  |
| **Are there any risks we need to be aware of to support us to assess the child/young person/family’s safety and our safety** (e.g. is the home address safe to visit, are there others living in the home who pose a risk (inc pets), aggressive behaviour, etc). |  |
| **Please include any other relevant information relating to this child/young person that we need to be aware of:** |  |

**Siblings Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child 1 – Name |  | **Date of Birth** |  | **Gender**  |  | Do they live with Child/Young Person [ ] Yes [ ] No  |
| Child 2 – Name |  | **Date of Birth** |  | **Gender**  |  | Do they live with Child/Young Person [ ] Yes [ ] No |
| Child 3 – Name |  | **Date of Birth** |  | **Gender** |  | Do they live with Child/Young Person [ ] Yes [ ] No [ ]  |
| **If the child/young person has more siblings please provide information below:** |
| **Does the perpetrator have parental rights for any of the above children (including child/young person being referred)?** | [ ] Yes [ ] No [ ] Unsure |

**Perpetrator’s Information:**

|  |  |
| --- | --- |
| **Relationship to child/young person:** |  |
| **Name:** |  |
| **Date of birth:** |  |
| **Does the perpetrator live at the child/young person’s address: (all or part of the time)** | [ ] Yes [ ] No [ ] UnsureIf no does the perpetrator live in the local area>[ ] Yes [ ] No [ ] Unsure |
| **Does this child/young person have contact with the perpetrator:****If yes is this a formal (i.e. court-ordered) or informal arrangement?** | [ ] Yes [ ] No [ ] Unsure[ ] Formal [ ] Informal [ ] Pending [ ] Unsure |

**Additional Information:**

|  |  |
| --- | --- |
| **Can you tell us where you heard about CASWA’s CYP service:** | [ ] CASWA website [ ] Social media [ ] Posters/leaflet[ ]  Other agencies [ ] Word of mouth [ ]  Previously supported [ ]  E-mail [ ]  Other (Please state where)  |
| **Have you spoken to the child/young person about this referral?** | [ ]  Yes  | [ ] No |

**For Completion if Self/Safe Primary Caregiver Referral:**

**Declaration:**

Please read our Privacy Policy for details on how we process and store your personal data, [Privacy Policy | CASWA](https://www.caswa.org.uk/privacy)

I declare that the information I have provided above is a clear and honest account of my/my child’s current circumstances. I consent to the processing of my/their personal data provided. I understand that CASWA has a duty/responsibility to pass on any information onto the relevant authority, if they become aware of any risk of harm to a child/young person at any point in our engagement with the service.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Completion by Referring Agency:**

**Agency Details:**

Please ensure that you have sought consent from the child/young person/safe primary care giver who is being referred. Our Children and Young People’s service is person-centered and as such if the child/young person being referred does not wish support, this referral may go no further.

|  |  |
| --- | --- |
| **Referrer Full Name:** |  |
| **Agency Name and Contact Details Phone & Email:** |  |

I declare that the information I have provided above is a full and honest account of my knowledge and I have consent to submit this on behalf of the person being referred.

**Signature of referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return the completed form to:**

**E-mail:** **info@caswa.org.uk** **or post: CASWA, Naver Business Centre, Naver House, Naver Road, Thurso, Caithness, KW14 7QA**

A member of our team will contact you within 5 working days of receiving the referral.

**For any queries, please email** **info@caswa.org.uk** **or call 0345 408 0151.**

*(Please note our support workers are outreach so if safe to do so please leave a message and we will get back to you as soon as possible).*