**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 Unsure  If 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**](mailto: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**](mailto: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).*