**REFERRAL FORM**

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| Local Authority Requesting Placement | Any other Local Authorities which have responsibility of child (joint) |
| Young person coming from home/foster parents/adoptive parents/residential care home/secure setting/hospital/other (specify): | Social Worker/Team Manager details:Address:Email:Tel: |
| Full Name of Young Person: | DOB:Age:Gender: |
| Child Protection Issues/on register etc. details here: | Legal Status:  |
| Record of offences/cautions/outstanding criminal matters: |

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| Who has Parental Responsibility/Parental Authority? | Address:Tel No: |
| Cultural Identity/Nationality/ Religion: |
| Other significant adults/carers and relationship to person: | Parental Responsibility Y/N |

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| Placement History | Details of all placement history for young people: continue as necessary on another sheet |
| Dates: | Name/address: | Type of placement: | Reason for leaving: |
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| Care Plan | Outline the long-term plan for the Young Person in conjunction with their Care Plan. |
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| Placement Plan | Reason for referral and your expectations of what this placement is seeking to achieve |
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| Young Persons views/wishes | Please note that the young people need to be aware of the placement aims and objectives/care plan |
| Has the young person been made aware of HCG Homes? What information has been given to them? Do they agree to the placement? |
| Parents/carers wishes |  |
| Parent’s/carers views about the placement plan |

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| Any current chronic health conditions or problems? Including mental health (e.g. Diabetes, asthma, genetic disorders etc.) |

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| Risk assessment:  |  |
| Incidents of physical violence | Incidents of deliberate self harm: |
| Suicide attempts: | Has the young person alleged abuse, displayed sexualized behavior:  |
| Risk of fire setting: | Drug/Alcohol abuse: |