REFERRAL FORM - Complete Care Plus

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| --- | --- |
| Date Referral Completed: |  |

Part A

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| Name of child/young person: |  | Known as: |  |
| Date of Birth: |  | Age: |  |
| Gender: |  | Ethnicity: |  |
| Language spoken: |  | Religion: |  |
| Legal Status: |  | | |
| Type of Request: | Planned / Urgent / Emergency (same day) | | |

Name and role of person completing this referral.

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Details of allocated Social Worker and Team Manager details.

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| Name: |  |  |
| Address: |  |  |
| Phone number: |  |  |
| Email Address: |  |  |

Has funding been agreed for this Request? Yes  No

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| --- | --- | --- |
| Risk Profile | Frequency of risk and how recent has it been (1-10)/timescale | Management of Risk |
| Anti-social Behaviour |  |  |
| Arson/Fire Setting |  |  |
| Absconding |  |  |
| Bullying Behaviours |  |  |
| Risk of Exploitation |  |  |
| Self-Harm |  |  |
| Sexually harmful behaviour |  |  |
| Mental Health Issues |  |  |
| Cognitive Abilities |  |  |
| Physical Difficulties |  |  |
| Peer Relationships |  |  |
| Family Relationships |  |  |
| Vulnerability |  |  |
| Offending Behaviour |  |  |
| Other; |  |  |

Current Education/Training arrangements

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School name, address and contact details.

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Current placement details.

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| --- | --- |
| Contact Name: |  |
| Address: |  |
| Phone number: |  |
| Email: |  |
| Date placement started: |  |
| Reason for change of Placement: |  |

Pre-Placement history.

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| --- | --- | --- |
| Placement Type: | Address/Area: | Duration: |
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Pen Picture of the child/young person (include description of/likes/dislikes/hobbies)

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Are there any known issues/concerns placing this young person with other children?

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Is the child/young person aware of their plan to move? (if yes, what are their views?)

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Any other relevant information to inform the referral?

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Part B

**Minimum documentation for acceptance of this referral is risk assessment, care and support plan/or court care plan**

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| **Document title** | **Date of completion** |
| Transfer summary |  |
| Care and support plan/Pathway plan |  |
| Chronology |  |
| Wellbeing Assessments |  |
| Risk assessment |  |
| Court reports |  |
| Education reports/Statement of Educational Needs |  |
| Health reports inc. Psychology/Psychiatric Reports |  |
| Looked After Children review minutes |  |
| Transfer Summary from current placement |  |

Any known allergies? Please list

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| Allergy | Treatment |
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Any current medical issues/Medication

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| --- | --- |
| Illness/injury | Treatment |
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Childs needs and what’s expected of placement to meet child’s needs?

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| --- | --- |
| Health |  |
| Education |  |
| Emotional & Behavioural |  |
| Identity |  |
| Family & Social Relationships |  |
| Social Presentation |  |
| Self-Care Skills |  |
| Safeguarding |  |

Please email to: [Enquiries@cc-plus.co.uk](mailto:Enquiries@cc-plus.co.uk)

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CCP use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Referral processed by: |  | Date: |  |
| Discussed with: | RI  DOC  RM | | |
| Referral: | Accepted  Declined | By: |  |
| Database updated: | Yes  No | By: |  |