

Initial Referral Form



For the right choice in residential childcare

Please complete the following and send to us via fax, post or email as an attachment.

Referring Officer:	Signature:
Position:	Local Authority:
Telephone:	Fax:
Email:	

(The email address must be a valid internet email address. You must indicate your email address before proceeding.)

Name of proposed resident/s:		
Sex:	DOB:	Ethnic Origin:
Nationality:	Legal Status:	
Type of residency required (1:1, 2:1, semi-independence etc):		

Present Placement:

What type of placement is young person residing in at present?

Address, tel, fax, email of current placement:

How long has young person been resident?	Present staff/young person ratio:
Please state reasons for breakdown of placement:	
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Initial Referral Form



Behavioural issues (please qualify answers where appropriate):

Please indicate level of violence displayed: _____

Are there any drug or alcohol abuse concerns? _____

Is the young person at risk of self harming? _____

Does the young person pose a significant risk to others? _____

Does the young person have a tendency towards pyromania? _____

Is the young person likely to abscond? _____

Is the young person sexually promiscuous? _____

Have any psychiatric assessments been completed in last two years:
(please summarise key points or enclose if possible) _____

Relationships & Family

How does the young person relate to adults? _____

How does the young person relate to peers? _____

Is the young person able to build positive relationships? _____

Are there any restrictions on contact with anyone? _____

To what extent does family contact occur? _____

Which family member features most prominently in the young person's life?
Please give contact details (Address, tel) _____

Are there concerns (real or suspected) about abuse within the family, either past or present? _____

Reason for Placement

Please indicate reasons for the need to identify an alternative placement: _____

What do you want to achieve from this placement? _____

What type of assessment do you feel may be necessary? _____

What does the young person understand about a change of residence? _____

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Initial Referral Form



Health Information

Young person's GP name, address and tel no:

Are there any ongoing health conditions such as asthma, significant illnesses?

If yes, are there any further treatment requirements?

Young person's general health (include details of any disabilities)?

Specific dietary needs or restrictions:

Is the young person on any medication, if so what?

Legal

Are there any outstanding legal issues to be resolved?

Educational Requirements

Has the young person been attending mainstream school, if so which one?

Does the young person have a statement of special educational needs?

Please identify any specific educational requirements:

Has the young person any special skills, interests or hobbies?

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Risk Assessment Form



Criminal Behaviour

Is there a history of this type of behaviour? (Frequency, type, when, where, how etc)

Are there any particular circumstances to this behaviour?

Are there any known triggers to the behaviour?

Is the 'risk factor' to themselves or others?

What level of understanding/ awareness does the young person have with regard to their behaviour and the potential consequences to themselves and others?

Physical Violence

Is there a history of this type of behaviour? (Frequency, type, when, where, how etc)

Are there any particular circumstances to this behaviour?

Are there any known triggers to the behaviour?

Is the 'risk factor' to themselves or others?

What level of understanding/ awareness does the young person have with regard to their behaviour and the potential consequences to themselves and others?

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Risk Assessment Form



Inappropriate Sexual Behaviour

Is there a history of this type of behaviour? (Frequency, type, when, where, how etc)

Are there any particular circumstances to this behaviour?

Are there any known triggers to the behaviour?

Is the 'risk factor' to themselves or others?

What level of understanding/ awareness does the young person have with regard to their behaviour and the potential consequences to themselves and others?

Substance Abuse

Is there a history of this type of behaviour? (Frequency, type, when, where, how etc)

Are there any particular circumstances to this behaviour?

Are there any known triggers to the behaviour?

Is the 'risk factor' to themselves or others?

What level of understanding/ awareness does the young person have with regard to their behaviour and the potential consequences to themselves and others?

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Risk Assessment Form



Absconding

Is there a history of this type of behaviour? (Frequency, type, when, where, how etc)

Are there any particular circumstances to this behaviour?

Are there any known triggers to the behaviour?

Is the 'risk factor' to themselves or others?

What level of understanding/ awareness does the young person have with regard to their behaviour and the potential consequences to themselves and others?

Arson

Is there a history of this type of behaviour? (Frequency, type, when, where, how etc)

Are there any particular circumstances to this behaviour?

Are there any known triggers to the behaviour?

Is the 'risk factor' to themselves or others?

What level of understanding/ awareness does the young person have with regard to their behaviour and the potential consequences to themselves and others?
