REFERRAL FORM

APPENDIX II

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| Request for a Service for Non-Abused Sibling |

Please note: All Referral Forms must be completed by the professional referring the case and signed by them and the parent/carer before they can be processed. Please complete all sections of the form.

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Details of main child referral |  |  |  |
|  |  |  |  |  |  |
|  | Child’s name |  | Ref: (leave blank) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Details of Non-Abused Sibling |  |  |  |
|  |  |  |  |  |  |
|  | Name: |  | Ref:(leave blank) |  |  |
|  |  |  |  |  |  |
|  | Relationship to child: |  | Date of birth: |  |  |
|  |  |  |  |  |  |

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|  |  |  |  |  |  |
|  | Information on Non-Abused Sibling |  |  |  |
|  |  |  |  |  |  |
|  | Address: |  |  |
|  |  |  |  |  |  |
|  | Town: |  | Postcode: |  |  |
|  |  |  |  |  |  |
|  | Gender: |  | Ethnicity: |  |  |
|  |  |  |  |  |  |
|  | Preferred Pronouns: |  | Faith: |  |  |
|  |  |  |  |  |  |
|  | Preferred language: |  | Interpreter required: |  |  |
|  |  |  |  |  |  |
|  | Literacy support: |  | Legal Status: |  |  |
|  |  |  |
|  | Outline any disabilities: |  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Details of parents/carer with whom the child/young person is living |  |  |
|  |  |  |  |  |  |
|  | Names: |   | Relationship: |  |  |
|  |  |  |  |  |  |
|  | Telephone: |  | Mobile: |  |  |
|  |  |  |  |  |  |
|  | Name of parent/guardian:(if different from carer with whom child is living |  |  |
|  |  |  |  |  |  |
|  | Do they have parental responsibility? (if not who does?) |  |  |
|  |  |  |  |  |  |
|  | Address (if different from child): |  |  |
|  |  |  |  |  |  |
|  | Postcode (if different from child): |  | Email: |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  | Further Information |  |  |  |
|  |  |  |  |  |  |
|  | School/College: |   | Telephone: |  |  |
|  |  |  |  |  |  |
|  | Address: |  | Contact name: |  |  |
|  |  |  |  |  |  |
|  | GP Surgery: |   | Telephone: |  |  |
|  |  |  |  |  |  |
|  | Address: |  | GP name: |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Details of referrer |  |  |  |
|  |  |  |  |  |  |
|  | Name: |   | Agency: |  |  |
|  |  |  |  |  |  |
|  | Address: |  |  |
|  |  |  |  |  |  |
|  | Postcode: |  | Telephone: |  |  |
|  |  |  |  |  |  |
|  | email: |  | Date of referral: |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
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|  | Reasons for Non-Abused Sibling referral |  |  |  |
|  |  |  |  |  |  |
|  | What are the issues? How can we help? |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

In signing this referral you are consenting to Brave Futures setting up a case file, and processing the referral in order to be considered for receiving a service from us. You are also giving consent for us to contact other professionals who are, or have been, involved with the young person or yourselves (for the purpose of sharing information), and you are also agreeing to us undertaking a risk assessment, should this be necessary.

In signing this referral form you also understand that Brave Futures do not hold case responsibility at any time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Signature of referrer: |  | Date: |  |  |
|  |  |  |  |  |  |
|  | Signature of Young Person agreeing to referral: |  | Date: |  |  |
|  |  |  |  |  |  |
|  | Signature of Parent/Carer agreeing to referral: |  | Date: |  |  |
|  | A signature from a parent/carer who holds parental responsibility is required for all referrals. |  |  |  |
|  |  |  |  |  |  |

Please complete the Referral Form and attach with the main referral. The main referral form must be completed, even if it is only the Non-Abused Sibling who wishes to receive a service at this time.

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| PLEASE ATTACH RELEVANT REPORTS AND CASE CONFERENCE MINUTES |

*PLEASE ATTACH RELEVANT REPORTS AND CASE CONFERENCE MINUTES*

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| Please return form to: | Brave Futures  |  |
|  |
| 333 Felixstowe Road |  |
| Ipswich |  |  |
| Suffolk |  |  |
| IP3 9BU |  |  |
| Contact details: |  |  |
|  |
| Telephone: | 01473 353355/01603 558205 |  |
| Email: | admin@bravefutures.org |  |
| Website: | www.bravefutures.org |  |
|  |  |  |