

REFERRAL FORM



Date of referral:

DETAILS OF PERSON(S) BEING REFERRED:

Name	M/F	D.O.B <small>DD/MM/YY</small>	Present address	Telephone	Name of child's/young person's mother	Name of child's/young person's father

FAMILY/ HOUSEHOLD COMPOSITION/ SIGNIFICANT OTHERS¹:

Name	D.O.B <small>DD/MM/YY</small>	Relationship to child/young person ² (where appropriate)	Telephone	Present address (if different from above)

PROFESSIONALS WHO WORK WITH THE CHILD/YOUNG PERSON OR FAMILY:

Name and title	Present address	Telephone	Working with ³

¹ **Other family/ significant others:** include ALL persons in immediate family, who live with, or are important to the child/young person being referred

² **Relationship to children/young people:** consider how they are related, you may list a number of children/young people in this box (e.g. *Mary – Tom and Lucy's aunt*).

³ **Working with:** please state which member of the family professional is working with.

SIGNIFICANT EVENTS IN LIFE TO DATE⁴:

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	Needs:	Strengths:
Living environment		
Relationships and attachments		
Behaviour and social participation		
Health – physical and psychological		
Learning, education and employment		
Identity, self-care and self-esteem		

⁴ **Significant events & Needs/ Strengths** sections: Please state if the information applies to family as a whole or, if not, please name the specific child/young person/adult

PURPOSE OF REFERRAL:	LIST OF LEGAL ORDERS that are, or have been, in place

ANY OTHER RELEVANT REPORTS/ ASSESSMENTS/ INFORMATION:

REFERRALS TO OTHER AGENCIES:

Are you also referring this child/young person to any other agencies in the area? (please tick) Yes No
 If yes, please list agencies:

STAFF SAFETY:

Are there any safety concerns/issues in relation to staff visiting the family home? (please tick) Yes No
 If yes, please explain:

CHILD/YOUNG PERSON/FAMILY

Are the child/ren/young person and the family aware of the referral? (please tick) Yes No
 If yes, who?

Have the child/ren/young person and family consented to the referral? (please tick) Yes No
 If yes, who?

What are the views of the children/young people and the parents on the referral?

SIGNATURES: DATE: DD/MM/YY

I am aware of and understand the information contained in this referral and understand that Barnardos will keep a record of this referral.

PARENT 1: PARENT 2:

REFERRER'S DETAILS:				
Name	Job Title	Service/Agency:	Address	Telephone/ Mobile/ Email

SIGNATURES: DATE: DD/MM/YY

REFERRER:

