**Child And Young Person Referral form**

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name  |  | First language  |  |
| Address  |  | Contact number |  |
| DOB |  | Gender |   | Ethnicity  |  |
| School address |  | Additional learning needs |  |

**Family structure**

**Please consider parents, siblings and significant others**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | Relationship | Parental responsibility | Address (if differs to the above) |
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**Reason for referral**

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| --- |
| Reason for referral to CYP services |
| Has the young person witnessed or been exposed to domestic abuse? *If yes – length of exposure, form of abuse witnessed / experienced , most recent incident* |
| Is the alleged perpetrator still residing at home with the child? |
| Is the YP displaying behaviours out of the ordinary? *Consider what behaviours are normal for that young person – e.g. behaviours that may be as a result of a condition they have rather than the exposure to DV.*  |
| Is the young person in their own abusive relationship?*If so, are any other agencies involved to safeguard/support, what are their living arrangements / are they dependent on family / independent.* |

**Other support services**

|  |  |
| --- | --- |
| Is there a current social Worker involved: Y/N  | Social Worker details:  |
| Child on CP register: Y/N  | Category:  |

|  |  |
| --- | --- |
| Please list any other agencies involved if applicable:*Consider disabilities, physical and mental health support, any additional service providing support to the YP and family’*  | Contact details  |
|  |  |
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|  |  |

**Consent**

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| --- |
| Referrals will be shared with the family and should not be made without their knowledge/agreement unless this would jeopardise the child/young person’s safety.The child/young person knows about the referral: Y/N (If no, why?) The parent/carer knows about the referral: Y/N (If no, why?) |

Referrer details

|  |  |
| --- | --- |
| Name |  |
| Organisation  |  |
| Contact details *(email address, contact number)*   |  |

Please send completed Referral to: referrals@valedas.org