**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](mailto:referrals@valedas.org)