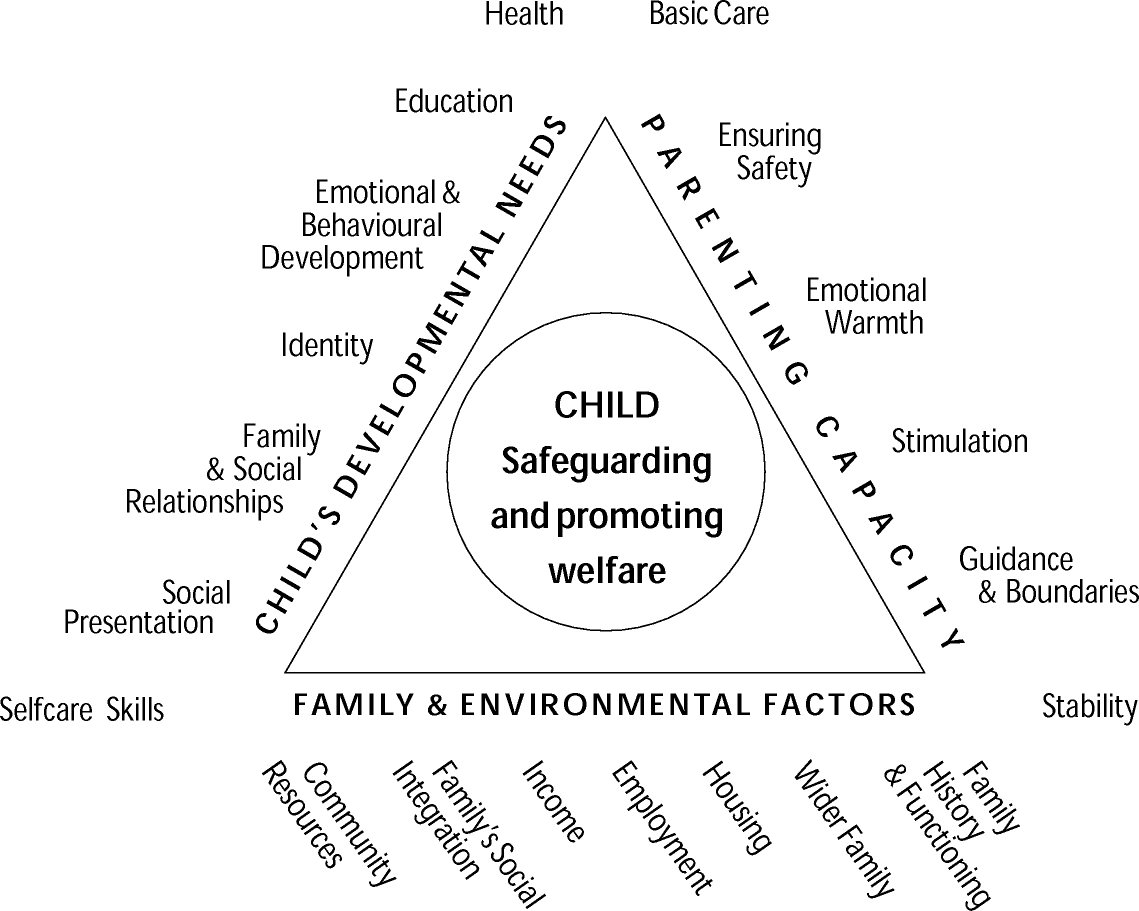
****

**Multi-Agency Referral Form**

Please use this form whenever you are contacting us regarding a **child,** **young person or vulnerable adult.** If you need advice before completing this form, please get in touch with your local Social Worker to discuss further. Please complete this form as far as possible.



# Referrer’s details

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of this Notification** |  | **Landline telephone** |  |
| **Name** |  | **Mobile telephone** |  |
| **Role & Relationship to child/young person/vulnerable adult** |  | **When available to discuss the Referral** |  |
| **Address** |  | | |
| **Please given an alternative name of who to contact in case you (the referrer) are unavailable** | | | |
|  | | | |

# About the child/young person****/vulnerable adult****

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Home Address** |  |
| **First Name** |  |
| **Date of Birth** |  | **Current Address if different, or Military Unit** |  |
| **Gender** |  |
| **Ethnicity** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Landline telephone** |  | **Mobile telephone** |  |
| **Religion** |  | **Nationality** |  |
| **First Language** |  | **Disability** |  |
| **Second Language** |  | **Communication Needs** |  |

**Consent**

Does the person with Parental Responsibility (PR) for the Child/Young person know that you are contacting us?

**Yes  No**

The person with Parental Responsibility should be informed unless there are clear Child Protection concerns. This department will not accept referrals which do not have parental knowledge unless there are clear risks to the child for not doing so. If you are in any doubt please contact your local Social Worker.

**If you have not obtained consent, please explain why**

|  |
| --- |
|  |

# Details of concerns

Please include the following:

* **why** you are contacting us regarding this child/young person/vulnerable adult
* what are the **risks** to the child/young person/vulnerable adult
* if so, what type of **harm** the child/young person/vulnerable adult is suffering or likely to be suffering
* if so, any **disclosures** including who made a disclosure and when
* how in your opinion this **impact**s on the child or vulnerable adult’s health and/or development
* any previous concerns or relevant background information
* any **action** you have taken to date, when and what outcome
* parents’ **capacity** to meet child’s needs adequately
* other **agencies** intervention with the child/family
* your comments on the **intervention** you believe to be necessary

**THIS MUST BE DETAILED AND EVIDENCE BASED**

|  |
| --- |
| **What are you worried about?** |
|  |
| **What is going well for the child/vulnerable adult (that might reduce the risks)?** |
|  |
| **What service(s) do you think is/are required to change the things you are worried about?** |
|  |

(Continue on a separate sheet if necessary)

# Person who is harming or putting this child/young person at risk

Please complete this only if applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Address** |  |
| **Relationship to the child/vulnerable adult** |  |
| **Date of Birth** |  | **Telephone** |  |

# Risks

Based on the information provided above, please tell us your   
opinion of the level of risk to the child/vulnerable person.  **Low  Medium  High**

**Please detail explicitly your reasoning for this: -**

|  |
| --- |
|  |

**What is the nature of the risk: -**

**Emotional**  **Sexual**  **Physical**  **Neglect**

# About the child / young person’s parents

|  | **Mother** | **Father** |
| --- | --- | --- |
| **Rank/Title** |  |  |
| **Name** |  |  |
| **Regiment/Unit** |  |  |
| **Entitled Personnel?** | **Yes/No** | **Yes/No** |
| **Service Number** |  |  |
| **Date of birth** |  |  |
| **Tourex Date** |  |  |
| **Address** |  |  |
| **Telephone** |  |  |
| **\* Telephone numbers are compulsory\*** | | |

# About the child’s main carer(s)

Please complete this section **only** if the parents are not the main carers of the child

|  | **Main Carer 1** | **Main Carer 2** |
| --- | --- | --- |
| **Rank/Title** |  |  |
| **Name** |  |  |
| **Regiment/Unit** |  |  |
| **Entitled Personnel?** | **Yes/No** | **Yes/No** |
| **Service Number** |  |  |
| **Date of birth** |  |  |
| **Tourex Date** |  |  |
| **Address** |  |  |
| **Telephone** |  |  |
| **\* Telephone numbers are compulsory\*** | | |

# About the child/young person/vulnerable adult’s brothers and sisters and all children to be included in the assessment?

**Is this a family issue?**

|  | **Sibling 1** | **Sibling 2** |
| --- | --- | --- |
| **Full name** |  |  |
| **Gender** |  |  |
| **Date of birth** |  |  |
| **Address** |  |  |
| **Ethnicity** |  |  |

(Please continue on a separate sheet if necessary)

# Early Help Assessments (EHA)

Has an EHA been completed?  **Yes  No**

If you have obtained consent to share the EHA please attach a copy.

**If an EHA has been completed, what was the outcome?**

|  |
| --- |
|  |

# ****If an EHA has not been completed – why?****

|  |
| --- |
|  |

# Any other known professional involvement

| **Type** | **Agency, Address, Telephone** | **Contact Name** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Signature:**

**Name:**

**Date:**

**Once this form is completed, please send to**: [**contactuscyprus@forcessocialwork.com**](mailto:contactuscyprus@forcessocialwork.com)