

Common referral form for Children Leeds contact centre

Children Leeds

The referral pathways flowchart takes you through the process for making a referral to children's services. This flowchart is available from www.childrenleeds.org.uk

This form will help you to collect the information that is needed to process your referral. All referrals to Leeds Children's Services need to be followed up with this form within 48 hours of the call. Please complete with any knowledge you have.

1. Child information

Surname		Forename		Any other names used	
DOB DD/MM/YY		Gender		Ethnicity	
Is English their first language?		If no please specify preferred language			
Child	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Present school		Preschool		Children's centre	
Present address			Previous address (if from outside Leeds, or at present address less than 1 year)		
<input type="text"/>			<input type="text"/>		
Home telephone			<input type="text"/>		
Mobile telephone			<input type="text"/>		

2. Details of request

Please detail why you are requesting a service, clearly specifying areas of concern, and the evidence you have to support this. *for example, parenting capacity, child's behaviour or environment.*

3. Referrers details

Name		Agency	
Address			
<input type="text"/>			
Email address		Contact number	
Signature		Date of referral	
<input type="text"/>		<input type="text"/>	
Please confirm the referral has been discussed with your Child Protection Lead Officer or line manager		Please give their name and title.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="text"/>	

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4. Additional information about the child or young person

Household members	Relationship to child	DOB DD/MM/YY	School/preschool	Does this person hold parental responsibility?

Other significant adults	Relationship to child	DOB DD/MM/YY	Address	Does this person hold parental responsibility?

GP name

GP address

Health visitor name (if child 0 – 5)

Health visitor address

Does the child have a disability? YES NO If yes, please provide details:

Are you aware of any previous social care involvement? YES NO (if yes, note contact below)

Was this in Leeds? YES NO If no, where was it?

Practitioner name	Job title	Agency	Telephone/contact details

For example: Social Care, education, Positive Activities for Young People, police, health service, voluntary sector organisation, probation service, youth services and Early Years service.

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5. Consent

Have you informed the parent or carer and child or young person that you are making this referral? YES NO

Do you have consent for this referral? YES NO

If no, please tell us why not. Information on this can be found in the 'Procedures for the Safeguarding and Protection of Children'

If consent has been given please say who it was from, (i.e. parent or carer or child or young person) and whether this was:

Verbal consent? YES NO

Written consent? YES NO

6. Have you initiated or completed a CAF?

YES

CAF number:

Name and contact details of Lead Professional

NO

Please identify reasons why not undertaken

If you have any additional information to further support the referral, please provide this on an additional sheet.

When your referral has been allocated to a duty officer, please fax them this form to the number they will give you.