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| **Referral Form for the Social Work Service****If an immediate Child Protection Concern, phone Police Scotland and/or the Social Work Contact Centre (03451 551503). A referral form should then be submitted within 24 hours.****Referral forms are not required for children already open to the service. The allocated worker, Team Manager or duty worker should be contacted in the first instance.**  |
| **Reason for Request** |
| **Wellbeing needs****(Refer to guidance for Early Help & Support Team)**  | **Yes** ☐**No** ☐ | **or** | **Risk of harm****(Refer to guidance for Enhanced Children & Families Team)**  | **Yes** ☐**No** ☐  |
| **Referred Child/UBB Name** |  | **D.O.B.****E.D.D** |  |
| **Sex** | Male ☐ Female ☐   **(Click box to select)** | **Identified gender** |  |
| **Are there any additional support needs for the family, e.g. interpreter?** |  |
| **Address****Pasting a screenshot is acceptable.****(Windows button + Shift + S)** |  |
| **Post Code** |  |
| **Home Telephone**  |  | **Mobile No** |  |
| **Educational Placement**  | **Nursery** ☐  | **Primary** ☐  | **Secondary ☐**  | **Other (specify)** |  | **Stage** |  |
| **Named person for referred Child/UBB**  |  |
| **Allocated Midwife if referral for UBB** |  |
| **Names of Parents/ Carers** | **DOB** | **Gender** | **Relationship to child** | **Has parental rights?**  |
|  |  |  |  | Yes No Not known (delete as applicable) |
| **(Right click to insert extra row if needed.)** |  |  |  | Yes No Not known (delete as applicable) |
| **Names/DOB of siblings and/or other children in the household** | **DOB** | **Gender** | **Relationship to child** | **School & stage (if known)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **(Right click to insert extra rows if needed.)** |  |  |  |  |
| **Names /DOB/address of siblings living outwith the household** | **DOB** | **Gender** | **Relationship to child**  | **School & stage (if known)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **(Right click to insert extra row if needed.)** |  |  |  |  |

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| 1. **From your assessment what is getting in the way of this Child/UBB wellbeing? (Consider the 5 GIRFEC questions and provide strengths as well as challenges).**
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| 1. **From your assessment what impact does this have on the Child/UBB - provide details considering the My World Triangle / Resilience Matrix?**
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| 1. **Please outline what supports/interventions your service has already accessed to meet the identified needs and the impact this has had on the Child/UBB?**
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| 1. **Include a child’s plan and attach your single agency chronology (if available) for the referred Child/UBB.**
 |
| 1. **Confirm that child/young person is fully informed of referral or rationale for not informing.**
 | **Yes** |  ☐ **(Click box to select)** | **No**  |  ☐ **(Click box to select)** |
| 1. **Confirm that parent/carer person is fully informed of referral or rationale for not informing.**
 | **Yes** |  ☐ **(Click box to select)** | **No**  |  ☐ **(Click box to select)** |
| **Referrer’s Name and role.** |  | **Telephone** |  | **Contact email** |  |
| **Time of concern:****Reason for delay of referral if applicable:** |  | **Date of concern:**  |  |