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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)** | |
|  | | |  | |  | | |  | | | |  | |
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| **(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)** | |
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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).** | | | | | | | | |
| 1. **From your assessment what impact does this have on the Child/UBB - provide details considering the My World Triangle / Resilience Matrix?** | | | | | | | | |
| 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?** | | | | | | | | |
| 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:** | | |  | |