

Referral Form/Initial Assessment



FOR COMPLETION BY WELCARE ONLY

Centre:	Service Required:
Welcare Ref No:	e-Start No:

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SELF REFERRAL: Yes/No NAME OF STAFF MEMBER TAKING SELF REFERRAL: DATE REF REC'D:

Referral Method – please tick By E-mail By Telephone In Person Post

PLEASE PRINT CLEARLY. Please ensure you fully complete this form. Incomplete forms cannot be processed and cause a service delay to the child and family.

First Name of Service User:	Last Name of Service User:
Is the Service User a: Child aged 13 or under: <input type="checkbox"/> or Parent/Carer: <input type="checkbox"/>	
If child aged 13 or under, enter Primary Parent/Carer's Full Name:	
Other Names Known By:	DOB:
Address:	Temp / Alt Address:
Tel:	E-mail:
Please tick the box if Service User should NOT be contacted directly <input type="checkbox"/>	
Emergency or Next of Kin Name and Contact Number:	

	Child/ren's First Name	Last Name	DOB/ EDD	Identifying Gender	School/Nursery	C/YP Consent Given for Referral	Level of Risk (1-3+)/ Safeguarding Status of C/YP Please attached all assessments of risk & need to this form
1							
2							
3							
4							

Other Significant Adult Full Name	Relationship to child/ren	Parental responsibility Y / N
	Secondary Parent/Carer	

Signature of Parent/Carer: **Date:**

Signature of Child/Young Person*: **Date:**

**if the child is aged under 13 we require consent from their parent or guardian*

Please refer to the Data Protection statement on page 4 for details on how we protect your information.

Referrer Details

Full Name:	Name of Agency:
Professional Role:	E-mail address:
Work/Office Telephone:	Mobile Telephone:
Address:	Referrer's signature:
	Date:

Has an Early Help Assessment been completed for this family? Yes / No

If yes, lead professional: Name: Agency:

Email: Telephone:

Risk Level 3 or above must have Initial Assessment attached, along with all CIN/CP plans and review documentation.

Other services & agencies involved (please complete)

	Full Name	Address	Contact number
H.V.			
G.P.			
Other (e.g. Social Work)			
Other			

Reason for Referral (tick as many as apply):

Parental/Family Issues					
Parent/carer with physical disability/sensory impairment	Parent/carer with substance misuse problems	Parent/carer with other health issues	Pregnancy or young parent 17 and under	Family with no recourse to public funds	
Domestic Abuse/Violence Issues	Parent/carer with learning difficulties	Parental/Family Conflict	Debt/Financial Problems	Refugee/Asylum Seekers	
Housing problems /homelessness	Parent/carer with mental health/ wellbeing issues	Historic Sexual Abuse or Trauma	Social Isolation	Lone Parent/Carer Family	
Immigration Issues	Other – please state	Other – please state	Other – please state	Other – please state	
Child/Young Person's Issues					
Child with Behavioural Difficulties	Child with substance misuse problems	Child with physical disability/sensory impairment	Child with learning difficulties	Child with mental health problems/ wellbeing issues	
Child Sexual Exploitation Risk	Suspected Gang Involvement	Self-Harm	Looked-after child (LA or fostered)	Young Carer	
School Exclusion or at risk of	Child with other health issues	Troubled Transition to Secondary School	Child Protection	Unaccompanied Minor	
Other – please state	Other – please state	Other – please state	Other – please state	Other – please state	

Please indicate which services the Service User requires:

Family Support		Group Work (Parents)		Parenting Courses	
Outreach		Group Work (Child/Young Person)		Advice & Support/Signposting (Talk to Worker)	
Child Mentor		Weekly Drop-In (Child/YP)		Other Please state:	

1	Reasons for Referral? (Please be specific about concerns, work requested and criteria, i.e., individual or group)
2	What does the Service User hope to achieve by this referral?
3	What is your expectation of this referral?
4	Additional significant info. (Including issues relating to culture, mental health, disability, education, domestic violence, drug/alcohol misuse. Please attach any info, reports, etc.)
5	Please state briefly the nature of your involvement to date (e.g., focus of work, significant dates and events)

6	How long has this family been known to your agency?
7	How long have you directly worked with this family?
8	Will your agency continue to be involved with the family? If so, in what capacity?
9	Are you referring the family to any other agencies (statutory or voluntary)? If so, please state to whom and for what purpose. This information is required to avoid duplication of work between the agencies and promote better working together.

Data Protection

Welcare is committed to protecting the personal information which you provide to us in order to access our child and family support services. When you provide this information we are legally obliged to use your information in line with all applicable laws concerning the protection of personal data, including the General Data Protection Regulation (GDPR) which came into force on 25 May 2018. We are committed to promoting equality and diversity in all that we do and we collect diversity and equality information to demonstrate to those who fund us to demonstrate that our services reflect the diversity of the communities we serve.

We keep our Privacy Policies under regular review. They can be found at www.welcare.org/policies.

Please contact us if you have any questions or queries at:
The Data Controller, Welcare, 19 Frederick Crescent, London, SW9 6XN

Equality and Diversity Monitoring Form

Please tick appropriate boxes below.

Parents/Carers

Ethnicity		Primary Parent/ Carer	Secondary Parent/ Carer
White	English/Scottish/Welsh/Northern Irish/UK		
	Irish		
	Gypsy or Irish Traveller		
	Any other White background		
Mixed ethnic background	Mixed ethnic background		
	Please state:.....		
Asian/Asian UK	Indian		
	Pakistani		
	Bangladeshi		
	Chinese		
	Any other Asian background		
	Please state:.....		
Black/African/Caribbean/Black UK	African		
	Caribbean		
	Any other Black/African/Caribbean background		
	Please state:.....		
Other ethnic group	Arabic		
	Any other ethnic group		
	Please state:.....		
	Unknown		
	Not disclosed		
Do you consider yourself to have a disability?			
	Yes		
	No		
Gender			
	Male		
	Female		
	Transgender		
	Other:		
	Not disclosed		
	Worker decision not to ask		
Sexuality			
	Heterosexual		
	Gay		
	Lesbian		
	Bisexual		
	Unknown/unsure		
	Not disclosed		
	Worker decision not to ask		
Religion			
	Christian		
	Buddhist		
	Hindu		
	Jewish		
	Muslim		
	Sikh		
	Atheist/Agnostic		
	Other		
	Please state:.....		
	Not disclosed		

Children

Ethnicity		Child 1	Child 2	Child 3	Child 4
White	English/Scottish/Welsh/Northern Irish/UK				
	Irish				
	Gypsy or Irish Traveller				
	Any other White background				
Mixed ethnic background	Mixed ethnic background –				
	Please state:.....				
Asian/Asian UK	Indian				
	Pakistani				
	Bangladeshi				
	Chinese				
	Any other Asian background –				
	Please state:.....				
Black/African/Caribbean/Black UK	African				
	Caribbean				
	Any other Black/African/Caribbean background –				
	Please state:.....				
Other ethnic group	Arabic				
	Any other ethnic group –				
	Please state:.....				
	Unknown				
	Not disclosed				
Do you consider yourself to have a disability?					
	Yes				
	No				
Gender					
	Male				
	Female				
	Transgender				
	Other:				
	Not disclosed				
	Worker decision not to ask				
Sexuality (if relevant)					
	Heterosexual				
	Gay				
	Lesbian				
	Bisexual				
	Unknown/unsure				
	Not disclosed				
	Worker decision not to ask				
Religion					
	Christian				
	Buddhist				
	Hindu				
	Jewish				
	Muslim				
	Sikh				
	Atheist/Agnostic				
	Other Please state:.....				
	Not disclosed				

