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| **NSPCC Service Centre/Team to whom the referral is being made:**  South West & Channel Islands Regional Hub  Unit 5, Little London Court  Albert Street  Swindon  SN1 3HY  Swciregionalhub@nspcc.org.uk  *NB: Please note if you are sending the referral by email, please ensure you send it by a secured method e.g. Egress, password protected, as NSPCC cannot accept responsibility for the breach of data protection.*  **Service the referral relates to:**  **Date of request:** |

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| **Referrer details** | | | | |
| Name of referrer: |  | Professional role: |  | |
| Name of allocated worker (if different to referrer): |  | Professional role: |  | |
| Agency: |  | | | |
| Address:  (including postcode) |  | | | |
| Telephone number: |  | Mobile number: | |  |
| Email: |  | | | |

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| **Consent** | | | | | | | | |
| Have you discussed this referral with the person you are referring and, if necessary, could you provide evidence that they have consented for their personal information to be passed to NSPCC (if the person is under 18 years old are you confident they are able to provide their own informed consent and/or has their parent/carer consented)?  Yes  No    Has the person being referred consented for NSPCC staff to contact any involved agencies, including social care and schools, to discuss relevant information?  Yes  No  If you have answered ‘No’ to either of the questions above please tell us under what legal basis you are sharing personal data with the NSPCC:  If there is no clear legal basis under which you are sharing data, we may return the referral to you and only record basic details to evidence we have received and returned the referral. | | | | | | | | |
| **Details of person being referred** (If more than one person please complete a separate form) | | | | | | | | |
| Name: |  | | | | | | | |
| Also known as: |  | | | | | | | |
| Gender: |  | | | | | | | |
| Date of birth: |  | | | | | | | |
| Address:  (including postcode) |  | | | | | | | |
| Telephone number: |  | | | Mobile number: | | |  | |
| Any other necessary information e.g. religion; ethnic origin |  | | | | | | | |
| **If the person being referred is under the age of 18, please provide the details of the primary parent or carer so we can contact them:** | | | | | | | | |
| Name: |  | | | | | | | |
| Also known as: |  | | | | | | | |
| Gender: |  | | | | | | | |
| Date of birth: |  | | | | | | | |
| Address:  (including postcode) |  | | | | | | | |
| Telephone number: |  | | | | Mobile number: | | |  |
| **Do you believe the child/young person is fully supported by their primary parent or carer to undertake this work?** | | | | | | Yes       No  | | |
| If you answered no to the question above please provide more details: | | |  | | | | | |
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| **Is there anything we need to take into account to ensure the service is accessible for the person being referred?** E.g. Learning/physical/disability/health; religion; interpreter required | | | | | | | | |
| **Reason for referral** | | | | | | | | |
| Please give as much relevant information as possible to inform our decision as to whether the service you are requesting is appropriate for the person being referred.  What do you hope to achieve for the person attending this service? | | | | | | | | |
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| **Safeguarding or child protection issues** | | | | | | | | |
| Please tell us about any safeguarding or child protection issues relevant for the person being referred or for other children in contact with the person being referred.  Please include any immediate risks (including social care involvement).  Please provide a brief summary of the current situation for the person being referred and their family (key events / issues / needs)  Please provide any known information relating to substance misuse, mental health issues, domestic abuse, crime and anti-social behaviour (include relevant information regarding parenting capacity, environmental factors / strengths and resilience factors and any previous / current support the person being referred or their family has received)  Please provide details of how the risks and safeguarding or child protection concerns are currently being managed? (e.g. child protection plan, risk management / safety plans)  If the child has been previously harmed is there contact with the alleged perpetrator/perpetrator and are the risks being manged safely?  Please state if there are **no** safeguarding or child protection issues. **(Please don’t leave this section blank)** | | | | | | | | |
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| Please provide details of anyone we should not contact at this stage for the purposes of safeguarding or child protection: | | | | | | | | |
| **Health and safety risks or issues** | | | | | | | | |
| Please detail any known health and safety risks or issues relating to working with the person being referred or their family, including lone-working issues. E.g. previous allegations; violence towards professionals; dangerous dogs; unsafe area; risky adult behaviour; know criminal convictions; mental health issues; domestic violence; substances use; extra-familial risk. Particular attention should also be given to issues relating to potential Child Criminal Exploitation and Child Sexual Exploitation, where there could be a potential risk to practitioners whilst working with vulnerable children and young people in the community.  **(Please do not leave this section blank.)** | | | | | | | | |
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| Does the young person have a legal status and/or are they on a plan? | |  | | | | | | |
| Living arrangements if the person is under 18 years old: | |  | | | | | | |

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| **More about the person being referred** |
| Please provide any further relevant information so we know a bit more about the person being referred and how we can best support them if they need additional support. For example, any impact from learning needs; their relationship with their carers; carers support needs; any significant needs and relationships |
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| **Significant people involved in the life of the person being referred**  Please only provide the personal information and details of people if it is relevant for the delivery of the service the person is being referred for or for safeguarding reasons. Please add more rows if necessary.  Please indicate if anyone poses a risk to the child or other children and relevant information necessary for the delivery of this service in relation to the risk posed. | | | | | | | |
| **Name** | **Address & contact telephone number (if relevant)** | **Living arrangements** | **Date of birth** | **Gender** | **Relationship to person being referred** | **Parental responsibility?** | **Poses risk?**  **(Yes/No)** | |
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| If you have answered yes to the above question **‘Poses risk?’** please detail the risk for each person: |  | | | | | | |

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| **Other agencies**  Please list all relevant agencies involved (e.g. Social care; school; GP; Youth Offending Team/Service; Youth Justice Service; Police) | | | | |
| Agency | Contact name, position, address, telephone and email | Summary of involvement and information relevant to delivery of this service | Aware of this referral:  Yes/No |
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| Signature of referrer: |  |
| Date: |  |