**AIM3 - Referral Form**

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| **Referrers details** |
| Name:  |
| Agency:  |
| Contact details: |
| Referrer’s line manager:  |

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| **Details of child referred** |
| **Name:**  |
| **Address:** |
| DOB:  | Gender:  | Ethnic Origin:  |
| Child’s first language:  | Interpreter required?  |
| Legal Status (care status/stage of criminal proceedings): |
| Physical disability? Yes / No If Yes, please specify: |
| Learning Difficulty or Disability? Yes / No If Yes, please specify: |
| **Consent given to progress AIM3 Assessment?** Yes / No  |

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| **Parents/Carer name:** | **Parents/Carer name:** |
| Address | Address  |
| Telephone No: | Telephone No: |
| Parental Responsibility: Yes / No | Parental Responsibility: Yes / No |
| **Consent given to progress AIM3 Assessment?** Yes / No  | **Consent given to progress AIM3 Assessment?** Yes / No  |

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| **Supporting Documentation, please provide:** |
| Genogram  | **Yes/No** |
| Copy of Statutory Assessment or Early Help Assessment  | **Yes/No** |
| Current Risk Management/Safety Plan | **Yes/No** |
| Up to date case chronology | **Yes/No** |
| Police Reports/PPD1s  | **Yes/No** |
| Court Reports | **Yes/No** |
| Educational Health Care Plan  | **Yes/No** |

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| **Section 1. SEXUAL BEHAVIOUR** *Brooke Traffic Light tool category – Red, Amber, Green.* *Please provide specific details/description; Nature & extent of the Harmful Sexual Behaviour, victim characteristics, any sexual aggression &/or violence, sexual knowledge, attitudes & interests.*  |
| **Section** **2 NON-SEXUAL BEHAVIOUR***Please provide specific details/description; Non-sexual criminality, Non-sexual aggression & anti-social behaviour, alcohol & drug use, general behaviour, mental health & well-being.*  |
| **Section 3. DEVELOPMENTAL** *Please provide specific details/description; Trauma & victimisation, childhood & adolescent adversity, attachment, family functioning, health, intellectual & emotional functioning.*  |
| **Section 4. ENVIROMENTAL & FAMILY** *Please provide specific details/description; Stability & safety of living environment, parental supervision, relationships, peer group, education, employment and leisure.*  |
| **Section 5. SELF-REGULATION** *Please provide specific details/descriptions; Responsibility, motivation & engagement, future perspective (aspirations), problem solving, social competence.*  |

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| **Siblings of Child or Young Person** |
| Name: | DOB: | Gender: | Living with ChildYes/No  |
| Name: | DOB: | Gender: | Living with ChildYes/No  |
| **Other Children Living with Child or Young Person (Not detailed above)** |
| Name: | DOB | Gender  | Relationship to Child:  |

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| **Agencies Involved with the Child or Young Person** |
| Name: | Phone: | Email: | Address: |
| Name: | Phone: | Email: | Address: |
| Name: | Phone: | Email: | Address: |
| Name: | Phone: | Email: | Address: |

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**Signature of Referrer Date:**

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**Signature of Parent/Carer Date:**

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

Please send completed referral through to aimassessment@swindon.gov.uk