Family group CONFERENCEs

Referral Form

**RefERRAL CRITERIA:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Description** | **Please tick** |
| **Children In Need**  |   | [ ]  |
| **Child Protection** |  | [ ]  |
| **Public Law Outline** | Where the Public Law Outline is being considered or in process | [ ]  |
| **Early Help** | Children, young people and families not subject to or to prevent the escalation to statutory Services | [ ]  |
| **Looked After Child** |  | [ ]  |

**RefeRreR:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer’s Name** | **Local Authority &Team** | **Direct Line** | **Working days/ hours** | **Email** |
|  |  |  |  |  |

**RefeRred Child/ren:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Age** |
|  |  |  |
|  |  |  |
|  |  |  |

**Parents:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address including Postcode** | **Phone numbers** | **Parental Responsibility?** |
|  |  |  | **Yes** [ ]  | **No** [ ]  |
|  |  |  | **Yes** [ ]  | **No** [ ]  |

**OTHER EXTENDED INDIVIDUALS:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Does the family require an interpreter?** | **Yes** [ ]  | **No** [ ]  |
| **Does the child/ren have an advocate in place?** | **Yes** [ ]  | **No** [ ]  |
| **Is it likely that the child/ren will need an advocate?** | **Yes** [ ]  | **No** [ ]  |
| **Are there any special needs within the family/child? e.g. disability. Please outline:**  | **Yes** [ ]  | **No** [ ]  |

**KEY AGENCIES involved:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Telephone** |
|  |  |  |
|  |  |  |
|  |  |  |

**Reason for meeting:** (Please include a brief description of the current situation and if known the proposed questions to be addressed)

**Family view of referral:**

**Young person’s view of referral:**

|  |  |
| --- | --- |
| **Are the family in agreement with this referral being made?** | **Yes** [ ]  **No** [ ]  **Date discussed:**  |
| **Referrer’s signature** |  |
| **Referrer’s line manager and contact details** |  |

***Please note: the referrer needs to attend the entire Family Group Conference***

**Please email this referral to:**

|  |
| --- |
| Brokerage Officers |
| Bournemouth Town HallAccess to Resources Team, Extension 3Bourne AvenueBH3 6DY |
| 01202 458012 |
| artbrokerage@bournemouth.gov.uk  |

|  |  |
| --- | --- |
| Date received  | Date of allocation |
| Name of coordinator | Date inputted |

|  |  |  |  |
| --- | --- | --- | --- |
|  **AREA OF RISK** | **Historic risk?** | **Current risk?**  | **If current please give further detail of any plan in place, any additional evidence, source of risk information.** |
| Violence/ Aggression/ Threatening Behaviour |  |  |  |
| Physical Illness/ disabilities  |  |  |  |
| Additional risk areas: |  |  |  |