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| GH LOGO**Gloucester House Referral Form** |

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| **DATE OF REFERRAL** | **REFERRER** | | | | | | | | | | | **REFERRER CONTACT DETAILS** | | | | | | | |
|  | **Referrer Name:**  **Role of Referrer:**  **Referring Agency:**  **Referral Source i.e. NHS, Social care etc. :**  **Borough:** | | | | | | | | | | | **🕿**  **🖂** | | | | | | | |
| **PROFILE INFORMATION: *\*(ALL FIELD BELOW ARE MANDATORY)\**** | | | | | | | | | | | | | | | | | | | |
| **Forenames:**  **Surname:**  **Address:**  **Postcode:** | | | | | | | | | | | | | **DOB:**  **Age:**  **Gender:** | | | |  | | |
| Ethnicity | | | | | | | | | | | | | | | | | | | |
| (A) White British  (B) White Irish  (C) Other White background  (D) White and Black Caribbean | | (E) White and Black African  (F) White and Asian  (G) Other mixed background  (H) Indian | | | | | (J) Pakistani  (K) Bangladeshi  (L) Other Asian background  (M) Caribbean | | | | | | | | | (N) African  (P) Other Black background  (R) Chinese  (S) Any other ethnicity group | | | |
| **Religion:** | | | | | | | | | **Language spoken at home:**  **Interpreter required?** Yes  No | | | | | | | | | | |
| **Does the child have a physical disability?**  Yes  No | | | | | | | | | **Does the child’s main carer have a physical disability?**  Yes  No  **Any other needs that we should be aware of?** *(Please detail below)* | | | | | | | | | | |
| **If yes, please detail below;** | | | | | | | | | **If yes, please detail below;** | | | | | | | | | | |
| **Has the family agreed to this referral?** | | | | | | | Yes  No | | | | | | | | | | | | |
| **Who has Parental Responsibility?** | | | | | | | **Name:** | | | | **Relationship:** | | | | | | | | |
| **Are there any communication alerts?** *(E.g. no contact with mother/father)*  Yes  No | | | | | | | **Details:** | | | | | | | | | | | | |
| **Family Members**  *(please include surname of each family member)* | | | | | | | **Address** | | **CONTACT NUMBER(S)** | | | | | | | | | | |
|  | | | | | | |  | | **Daytime tel. No.** | |  | | | | | | | | |
| **Mobile No.** | |  | | | | | | | | |
| **Relationship:** | | | | | | | **Work no.** | |  | | | | | | | | |
|  | | | | | | |  | | **Daytime tel. No.** | |  | | | | | | | | |
| **Mobile No.** | |  | | | | | | | | |
| **Relationship:** | | | | | | | **Work no.** | |  | | | | | | | | |
|  | | | | | | |  | | **Daytime tel. No.** | |  | | | | | | | | |
| **Mobile No.** | |  | | | | | | | | |
| **Relationship:** | | | | | | | **Work no.** | |  | | | | | | | | |
| **Name of GP:** | | | | | | |  | | | | | | | | | | | | |
| **GP Address:** | | | | | | | | | **Contact no:** | | | | | | | | | | |
| **SAFEGUARDING INFORMATION:** | | | | | | | | | | | | | | | | | | | |
| **Current status** | | | | | | | | | | | | | | | | | | | |
| **Current social care involvement?** | | | | | | | Yes  No | | | | | | | | | | | | |
| **Category: *(please select as appropriate)***  **Child Protection (CP) □**  **Child in need (CIN) □**  **Subject to Early Help □**  **Child in public care (LAC) □** | | | | | | | | | | | | | | | | | | | |
| **If CIN or CP please confirm commencement date:** | | | |  | | | | | | | | | | | | | | | |
| **If CP please confirm and category:** | | | |  | | | | | | | | | | | | | | | |
| **Date of initial Child Protection Case Conference (CPCC)**  **Category:** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Social worker and Primary SEN contact information:** | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Tel:**  **Email:**  **Department:** | | | | | | | | | | | | **Name:**  **Tel:**  **Email:**  **Department:** | | | | | | | |
| **Other relevant information:** | | | | | | | | | | | | | | | | | | | |
| **Past status:** | | | | | | | | | | | | | | | | | | | |
| **Past social care involvement?** | | | | | | | Yes  No  Not known | | | | | | | | | | | | |
| **Category: *(please select as appropriate)***  **Child Protection (CP) □**  **Child in need (CIN) □**  **Subject to Early Help □**  **Child in public care (LAC) □** | | | | | | | | | | | | | | | | | | | |
| **If CIN or CP please confirm commencement date:** | | | |  | | | | | | | | | | | | | | | |
| **If CP please confirm and category.** | | | |  | | | | | | | | | | | | | | | |
| **Date of initial Child Protection Case Conference (CPCC)**  **Category:** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Social worker contact information:** | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Tel:**  **Email**  **Department:** | |  | | | | | | | | | | | | | | | | | |
| **Other relevant information:** | | | | | | | | | | | | | | | | | | | |
| **CLINICAL INFORMATION:** | | | | | | | | | | | | | | | | | | | | |
| **CAMHS involvement: (Y/N)** | |  | | | | | | **Current or Past?** | |  | | | | | | | **Date of referral?** | |  | |
| **Reason for referral:** | | | | | | | | | | | | | | | | | | | | |
| **KEY CLINICIAN CONTACT INFORMATION:** | | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Address:** | | | | | | | | **Contact no:** | | | | | | | **Other contact information:** | | | | | |
| **Details of assessments taken to date (i.e. CAMHS generic, specialist (neurodevelopmental – ADHD, ASD , neurocognitive) Diagnosis):** | | | | | | | | | | | | | | | | | | | | |
| **Diagnosis:** | | | | | | | | | | | | | | | | | | | | |
| **Medication:** | | | | | | | | **Current care plan/interventions:** | | | | | | | | | | | | |
| **Other agency involvement (i.e. YST, YOT, Family support, early intervention services, mentoring, counselling, SALT, occupation other)** | | | | | | | | | | | | | | | | | | | | |
| **EDUCATIONAL INFORMATION :** | | | | | | | | | | | | | | | | | | | | |
| **Unique Pupil Number (UPN):** | | | | | **School details:** | | | | | | | | | | | | | | | |
| **Current school/ placement details:** | | | | | | | | | | | | | | | | | | | | |
| **If pupil is not in education please give details here:** | | |  | | | | | | | | | | | | | | | | | |
| **School name and address:** | | |  | | | | | | | | | | | | | | | | | |
| **Contact Number:** | | |  | | | | | | | | | | | | | | | | | |
| **Full time / Part time?** | | |  | | | | | | | | **School /Placement type (i.e. mainstream/PRU)** | | | | | | |  | | |
| **Attendance percentage (last academic year):** | | |  | | | | | | | |  | | | | | | |  | | |
| **Date of exclusion if child excluded:** | | | | | |  | | | | | | | | | | | | | | |
| **(Or if excluded but remains on role please clarify):** | | | | | | | | | | | | | | | | | | | | |
| **Does the child have an EHCP?**  *(please forward a copy to us)* | | |  | | | | | | | **(If Yes, what category?)** | | | |  | | | | | | |
| **EHCP start date?** | | |  | | | | | | |
| **Number of adult that work with the child? (i.e. 1:1 or 2:1)** | | |  | | | | | | |  | | | | | | | | | | |
| **Current academic levels:** | | |  | | | | | | | | | | | | | | | | | |
| **Please forward the following documents :** | | | **Copy of Statement/EHCP**  **Educational Psychology Report**  **Annual review documentation**  **Educational Report**  **Safeguarding chronology if applicable**  **Any other relevant documents.** | | | | | | | | | | | | | | | | | |
| **Other comments:** | | |  | | | | | | | | | | | | | | | | | |

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| **Please complete all fields on this form.**  **Please return completed forms to Gloucester House Admin Manager:**  **Gloucesterhouseadmin@tavi-port.nhs.uk** |