



# Families Care Ltd

REFERRAL FORM										
REFERRING AGENCY										
SOCIAL WORKER										
TEL NO.		FAX NUMBER								
TEAM AREA										
FULL POSTAL ADDRESS										
DATE OF REFERRAL										
<b>DETAILS OF YOUNG PERSON</b>										
NAME OF YOUNG PERSON										
DATE OF BIRTH				AGE ON ADMISSION						
GENDER		MALE					FEMALE			
ETHNIC ORIGIN					FIRST LANGUAGE					
RELIGION					NOMINAL				PRACTISING	
SPECIAL NEEDS <i>(i.e. Physical/Learning disability)</i>										



# Families Care Ltd

REFERRAL FORM (Cont.)							
<b>LOOKED AFTER CAREER</b>							
DATE BECAME LOOKED AFTER							
LEGAL STATUS							
<b>NUMBER AND NATURE OF PREVIOUS PLACEMENTS</b>							
FOSTER CARE							
NUMBER		NATURE					
RESIDENTIAL							
NUMBER		NATURE					
SUPPORTED AT HOME							
NUMBER		NATURE					
SPECIAL SCHOOL/RESIDENCE							
NUMBER		NATURE					
OTHER (please specify)							
<b>CURRENT PLACEMENT</b>							
FOSTER CARE		AT HOME		RESIDENTIAL		SPECIAL SCHOOL	
OTHER (please specify)							
IS YOUNG PERSON AGREEABLE TO PLACEMENT				YES		NO	



# Families Care Ltd

REFERRAL FORM (Cont.)							
<b>PERSONAL DETAILS</b>							
<b>IMMEDIATE FAMILY</b>							
MOTHERS NAME				FATHERS NAME			
ADDRESS				ADDRESS			
TEL No.				TEL No.			
D.O.B.				D.O.B.			
ETHNIC ORIGIN				ETHNIC ORIGIN			
FIRST LANGUAGE				FIRST LANGUAGE			
RELIGION				RELIGION			
MOTHERS PARTNER <i>(if applicable)</i>				FATHERS PARTNER <i>(if applicable)</i>			
FATHER DOES HE HAVE PARENTAL RESPONSIBILITY				YES		NO	
<b>OTHER PEOPLE IMPORTANT TO THE YOUNG PERSON</b>							
NAME				RELATIONSHIP			
ADDRESS							
NAME				RELATIONSHIP			
ADDRESS							
NAME				RELATIONSHIP			
ADDRESS							



# Families Care Ltd

REFERRAL FORM (Cont.)							
<b>KEY-WORKERS/CARERS</b>							
NAME				AGENCY			
NAME				AGENCY			
<b>ANY OTHER SIGNIFICANT ADULTS</b>							
NAME				STATUS			
NAME				STATUS			
<b>OTHER AGENCIES INVOLVED</b>							
<b>EDUCATION</b>							
EDUCATION STATUS <i>(i.e. statemented)</i>							
AT SCHOOL		EXCLUDED		AWAITING ASSESSMENT		N.S.A.	
<b>EDUCATIONAL BACKGROUND</b>							
SCHOOL				DATE			
SCHOOL				DATE			
SCHOOL				DATE			
WHEN DID THE YOUNG PERSON LAST ATTEND SCHOOL ON A REGULAR BASIS?							
DOES THE ABOVE SCHOOL HOLD THE YOUNG PERSON'S EDUCATIONAL RECORDS?							
YES		NO					
DOES THE YOUNG PERSON HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEED?							
YES		NO					
IS THE YOUNG PERSON CURRENTLY BEING ASSESSED FOR A STATEMENT?							
YES		NO					



# Families Care Ltd

## REFERRAL FORM (Cont.)

PLEASE TELL US ABOUT ANY EDUCATIONAL NEEDS THAT YOU ARE AWARE OF?  
(Dyslexia, hearing loss, poor literacy, etc)

WHAT IS THE NAME AND TELEPHONE NUMBER OF THE EDUCATION OFFICER WHO  
HAS RESPONSIBILITY FOR THE YOUNG PERSON?

Name:

Telephone No:

ARE YOU AWARE OF ANY SPECIAL INTERESTS THAT THE YOUNG PERSON HAS?

YES

NO

*If yes, please specify*

### HEALTH

NAME OF GP

ADDRESS

TEL NO



# Families Care Ltd

## REFERRAL FORM (Cont.)

### HEALTH (Cont.)

#### DETAILS OF HEALTH AND CURRENT MEDICATION

#### HAS THE YOUNG PERSON ANY CRIMINAL ACTIVITIES

YES

☐

NO

☐

(if yes please specify)

#### DRUG/SOLVENT ABUSE

YES

☐

NO

☐

(if yes please specify)

#### VIOLENCE TO OTHERS

YES

☐

NO

☐

(if yes please specify)



# Families Care Ltd

## REFERRAL FORM (Cont.)

### HARM TO SELF

YES

NO

(if yes please specify)

### CHILD PROTECTION ISSUES

YES

NO

(if yes please specify)

### CONTACT (any particular matters to note regarding contact with any relative or friend)

### PLEASE ATTACH COPIES OF THE FOLLOWING WHERE APPLICABLE

BRIEF SOCIAL HISTORY

INCLUDED

NOT INCLUDED

REPORT FROM CARERS:

INCLUDED

NOT INCLUDED

COPY OF REVIEW PLAN:

INCLUDED

NOT INCLUDED

HAS THE YOUNG PERSON PARTICIPATED IN COMPLETING ANY OF THE ABOVE FORMS

YES

NO



# Families Care Ltd

## REFERRAL FORM *(Cont.)*

WHAT IS THE PRIMARY PURPOSE OF PLACEMENT OF THE YOUNG PERSON WITH FAMILIES CARE LTD

SIGNATURE OF SOCIAL WORKER

PRINT NAME

SIGNATURE OF YOUNG PERSON

PLEASE RETURN OR FAX THE COMPLETED FORM TO

Families Care Ltd, Brook Farm, Newton Road, North Petherton TA6 6NA

Tel 01278 661112 FAX 01278 661112





# Families Care Ltd

## MEDICAL CONSENT FORM

During the time any young person spends with this Organisation there may be an occasion when urgent medical attention is required. As we need to be alert to any eventuality we would appreciate your consent to taking responsibility for such an occasion.

### AGREEMENT

**I/We** agree to **my/our son/daughter** \_\_\_\_\_ being accommodated by Families Care Ltd.

**I/we** agree to Families Care Ltd arranging the following medical treatment for him/her while **he/she** is looked after (including dental treatment and opticians).

Emergency medical examinations and treatment **YES / NO**

Routine medical examination **YES / NO**

For the administration of first aid and appropriate non-prescription medication. **YES / NO**

NAME

SIGNATURE

DATE

## ACTIVITIES PERMISSION SLIP

During the Young Person's placement at FCL there will be opportunities to become involved in outdoor activities. This includes both wet and dry activities; i.e. canoeing, forest work, fishing, cycling, the canal project as well as participating in other organised sports. All activities are appropriately supervised according to current guidance and regulations, and educationally linked activities are recognised as forming part of the National Curriculum.

**I give permission for** \_\_\_\_\_ **to take part in sports and activities while placed with Families Care Ltd.**

NAME

POSITION

SIGNATURE

DATE