

Interpreter Needed?

Yes	No	Helpful	Language
Person(s) requiring interpreter:			

Are you aware of any Domestic Abuse (current or historic)?

If yes, please give details:

Are any of the children (now or have previously been) part of the following plans:

Type of Plan	Child Protection Plan	Child in Need (CHIN)	TAC	LAC
Name (s)				
From – To				
Reason for Plan				

Is anyone in the family subject to Probation, a Community Sentence or an Exclusion Order?

If yes, please give details:

Please list Professionals/Agencies involved and their contact details

Title/Agency	Name	Address	Telephone
GP			
Social Worker			
Support Worker			
School Contact			
Lead Professional			
Other:			

Current Caring Role / Responsibilities (please tick)

Jobs around the house	Undertaking Personal Care (washing/dressing etc)
Financial Responsibilities	Keeping people safe
Food Shopping	Looking after Siblings
Helping with Communication	Looking after self
Other:	

Cared for Person's Difficulties (Please specify)

Illness:

Disability:

Mental Health Diagnosis:

Drug / Alcohol Dependency:

Please give details of the Reason for Referral
Please give details of your expectations of the work to be done

Please give details of any existing risks that we need to know about

Please attach any further relevant information. (inc: any Risk Assessments you have carried out)

Signature of Referred Person(s)..... **Date**.....
(If available)

Signature of Referrer..... **Date**.....