

Carefree Kids

Referral Form:



Unit DA2, Sutherland House, Sutherland Rd, London E17 6BU 0208 558 7799 cfk@carefreekids.co.uk www.carefreekids.org

Please answer all questions as fully as possible

School:		Referral date:	
Name of student:		Date Of Birth:	Year Group:
Ethnicity:		Gender:	Religion:
Name of teacher / form tutor:			
Referred by:		Job title/Relationship to child:	
Referrer's Email:			
Telephones: landline:		Mobile:	
Best times to phone you?			
Name & details of Child Protection Officer in the school:			

Reason(s) for referral: Please include *as much information as possible* (and please continue on a separate sheet if necessary):

Please note: Due to the open-ended nature of our work, Carefree Kids does not time limit the support that we offer. Once therapeutic support begins, progress will be monitored and reviewed. If the need is ongoing, the child will be treated as a re-referral each September until you notify us otherwise. There is no need to complete a new form each time.

Other information:

When did child enter the school?	Does child receive free school lunches? YES / NO
	Is child entitled to Pupil Premium? YES / NO
If at secondary school, which school(s) did child come from?	
Who is in the child's family and who does child live with? (Please give as much information as possible)	
If either or both parents are not at home, does child see absent parent(s)? How often?	
Where were parents born? Father:	Mother:
Where was child born?	If not UK, when did s/he come to the UK?
What language is spoken at home?	
Any other factors about home life? (E.g. Is the child in care? Has the child been physically punished at home? Or witnessed Domestic Violence?)	

Does the child have any disability or special education needs? Statement?

If there are behavioural difficulties, please specify exactly what they are:

Please tell us what support given to child/family to date: school, statutory / voluntary (in/out of school)

Child's strengths/interests: What the child is good at, what his/her interests/hobbies/likes are.

Any other information about the child (e.g. medication taken, medical conditions that may require direct action by those who work with them) Please also include the schools policy on managing any identified medical needs:

Times when sessions could takes place (Please specify anything relating to potential session times e.g. times that best fit with the child's timetable and when a suitable room in the school is free). Please also state if there is some or no flexibility:

Is there CCTV in operation at the school? Is it in the room where Carefree Kids would be seeing the child/young person?

If yes we will need more information in order to comply with Data Protection requirements

Any other comments:

Parental permission
 Have parents been given the Carefree Kids leaflet for parents/carers? Yes/No
 Has written permission been given? Yes/ No
 When asked, do parents say they might like some support for themselves from Carefree Kids about their own difficulties and/or parenting? Yes/No
 Please give names and contact details of parents/carers and whether they agree for CFK to contact them:

Name	Relationship to child	Phone Number(s)	Home Address	Email address	Can we contact?

