



Parents/Carers' Referral Form

Name, address and contact details of the parent/carer generating the referral:

Name:			
Relationship to child			
Address:			
Postcode:			
email address:	<input type="text"/>		
Telephone: (home/work)	<input type="text"/>	Telephone: (mobile)	<input type="text"/>
Signature:	<input type="text"/>	Date of request:	<input type="text"/>

Section 1a: Child/Young Person's details

First name:	<input type="text"/>	Last name:	<input type="text"/>
Date of birth:	<input type="text"/>	Age:	<input type="text"/>
Gender:	<input type="text"/>	Ethnicity:	<input type="text"/>
Names of parents/carer	<input type="text"/>		
School/College Name & Address:	<input type="text"/>		
Home address:	<input type="text"/>		
Form teacher/head of year:	<input type="text"/>		
Contact No:	<input type="text"/>		
Parent(s)/Carer's contact No:	<input type="text"/>		
Name and address of current General Practitioner:	Contact No:	<input type="text"/>	
<input type="text"/>	NHS No (if known):	<input type="text"/>	
Is the child/young person aware of the referral? <input type="text"/> YES/NO (please circle)			
Does the child/young person consent to this referral being made? <input type="text"/> YES/NO (please circle)			

Section 1b. Living arrangements and key relationships:

Young person is: (please circle all that apply)

Living with parent(s) Looked after Adopted Kinship placement Other (please describe)

Child/Young person has siblings: YES/NO (please circle) Living at home? YES/NO (please circle)

Details of parent(s)/main carers:

Name	Relationship	Contact details	Parental responsibility
			<input type="checkbox"/> YES/NO (please circle)
			<input type="checkbox"/> YES/NO (please circle)
			<input type="checkbox"/> YES/NO (please circle)
			<input type="checkbox"/> YES/NO (please circle)
			<input type="checkbox"/> YES/NO (please circle)
			<input type="checkbox"/> YES/NO (please circle)
			<input type="checkbox"/> YES/NO (please circle)

Section 2. Needs and concerns

2a. Reasons for Referral:

Please state nature of difficulties, onset, frequency and duration, interventions tried; impact on child and family; impact on education and any relevant medical history

2b. Impact on child/young person at school:
Please provide information on the child's behaviour and attainment/performance at school

2c. Child/Young Person:
Please give details of what the child/young person would like to happen as a result of this referral.

2d. Parents/Carers:
Please give details of what you would like to happen as a result of this referral

Section 3. Other Agencies involved

Please tick if any of the following professionals/services have worked with the child/young person/family.

- | | |
|--|---|
| <input type="checkbox"/> School nurse | <input type="checkbox"/> CAMHS service |
| <input type="checkbox"/> Health visitor | <input type="checkbox"/> School counsellor |
| <input type="checkbox"/> Social Care | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Speech & Language therapist | <input type="checkbox"/> Educational psychologist |
| <input type="checkbox"/> Youth offending team | <input type="checkbox"/> Education welfare officer |
| <input type="checkbox"/> Inclusion learning support | <input type="checkbox"/> Adult mental health services
(for parents/carers) |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other (please state) |

Section 4. Consent

Please note, this section is important and MUST be completed.

Do you give consent for contact with other agencies (as shown in Section 3) who are involved with the child/young person/family and the sharing of information?

YES/NO

Does the young person give consent for contact with the other agencies (as shown in Section 3) who are involved with the child/young person/family and the sharing of information?

YES/NO

4a. If no consent is given, please state why:

Any other comments

Send your completed referral form and any associated paperwork to:

Nature and Nurture CIC, Sunshine Barn, Church Farm, Osmaston, Ashbourne, Derbyshire DE6 1LX
For advice/consultation, please telephone: 01335 418139