

Choices Family Support Referral Form



Date of referral:

Council area:

Office use only					
T	P	G/W	SF	V	NFA

Antrim New
Horizons
4a Steeple Road
Antrim

Name of Young Person:.....D.O.B.:.....Age:.....

Address
.....Post Code:.....

mobile.....E-mail:.....

Religion:Ethnicity:.....

Referring Agent (worker):.....

Referring Agency:.....

Address.....Post Code:.....

Tel:... mobile:.....E-mail:

Parental Responsibility held by _____ (role).....

Is the young person subject to an Order?..... If so, what is the Order?.....

Has the young person consented to the referral?..... If not, please state why?...

Has the parent consented to the referral?..

If not, please state why?.....

Family Composition:

Name	DOB	Role	Relationship
<i>e.g Jane Smith</i>	<i>01/01/01</i>	<i>Mum</i>	<i>Stable, good support or poor, argumentative.</i>

CHILD PROTECTION REGISTER

Currently Previously N/A Not Known

	<u>Currently</u>	<u>Previously</u>		<u>Currently</u>	<u>Previously</u>
Potential Physical Abuse			Physical Neglect		
Suspected Physical Abuse			Emotional Abuse		
Confirmed Physical Abuse			Potential Emotional Abuse		
Potential Sexual Abuse			Potential Neglect		
Suspected Sexual Abuse			Suspected Neglect		
Confirmed Sexual Abuse			Suspected Emotional Abuse		

Profile of young person. Include interests, any disability or health (physical or mental) issues:

Positives in the young person’s life – about the young person or their family:

Risk issues (to self or to others) risk of coming into care or becoming homeless:

Reason for making the referral:

Education. Name of school, contact teacher, learning disability, attendance, behaviour etc:

Involvement of other agencies:

Any previous known aggressive/hazardous behaviour that AFC staff would need to be aware of:

Please indicate your understanding of the priority areas of work: (based on the risk/protective factors above)

Signed: _____ **Date:** _____
(Referral Agent)

Please attach any relevant reports (i.e. social work assessment reports, UNOCINI, school attendance sheets, school reports etc.)

Please post completed referral form to:

**Action for Children
Choices Family Support Service
4A Steeple Road
Antrim
BT41 1AF**

TEL – 028 94467345

OR Email to:

choices@actionforchildren.org.uk

Office Use

Allocated to: _____ Letter sent to referrer: _____