

Referral Information Form

PART 1. General Information

(To assist us with the referral process it would helpful if the following information could be provided)

Name of young person

Date of birth Age..... Gender.....

Legal Status

Name of person making referral

Address

.....

Tel..... Fax

Local Authority

Who is responsible for authorising this placement?

Name (print please).....

Tel Email

Name of Social Worker

Address.....

.....

Tel..... Fax Email.....

Out of hours duty team telephone number.....

PART 2: Young Person's Information

Please provide as much information as possible about the young person you wish to place.

Main presenting problems

.....

.....

.....

.....

.....

SUBSTANCE ABUSE (please tick)		HISTORY OF VIOLENCE (please tick)	
NARCOTICS		TOWARDS SELF	
CANANABIS		TOWARDS FAMILY MEMBERS	
SOLVENTS		TOWARDS PEERS	
ALCOHOL		TOWARDS STAFF	
OTHER		OTHER	

If you have ticked any of the above please give more details below.

.....

.....

.....

.....

.....

PART 2: Continued Other information on the young person

PREVIOUS CONVICTIONS (including cautions)			
DATE			

PART 3: Placement Requirements

How many days/weeks do you anticipate the need for respite/crisis intervention?

.....

.....

Will this placement be funded by: (please tick)

SOCIAL SERVICES EDUCATION HEALTH

Details of other needs that the young person may have (e.g. medical, allergies, dietary, etc.)

.....

.....

.....

Details of specific ethnic, cultural and religious needs.

.....

.....

.....

PART 4: Current Placement Details

Current placement

Reason for placement ending?

.....

PART 5: Family Composition (can be completed after admission)

Mother's name

Address.....

.....

Tel.....

Father's name.....

Address (if different from above)

.....

Tel.....

Names and ages of brothers/sisters

Brother(s)	Age	Sister(s)	Age
.....
.....
.....

Contact details for other family members not resident with parents (i.e. Brothers, Sisters, Grandparents, Aunts, Uncles, etc.)

.....
.....
.....

Brief family history

.....

.....

.....

.....

.....

.....

Is contact with anyone prohibited or terminated? (If so, please give details)

.....

.....

PART 6: Brief Educational History (can be completed after admission)

General Questions

Q1. Is the young person in full time education at present? YES NO

Q2. If not, is he/she a ¹school refuser ²poor attender ³excluded ⁴other? YES NO

Please state the reason and say how long he/she has been out of school

.....

.....

Q3. Does he/she have a Statement of Special Educational Needs? YES NO

If YES, what is he/she stated for?

.....

Q4. Is education a priority in seeking a placement with us? YES NO

If so, what are your expectations for education provision?

.....

.....

.....

PART 6: Continued Brief Educational History

School Details (most recent)

Name of school

Address

TelFax.....Email

National Curriculum KS2 and/or KS3 Results (*Insert scores in boxes*):

Primary School	Level	Secondary School	Level
Key Stage 2 English	L	Key Stage 3 English	L
Key Stage 2 Maths	L	Key Stage 3 Maths	L
Key Stage 2 Science	L	Key Stage 3 Science	L

Other test results or reports (*Educational Psychology, basic skills assessment, CAT test results, etc*)

.....

.....

Do you have a copy of the young person's school file? YES NO

If not, could you request a copy for ROC Northwest Ltd? YES NO

PART 7: MEDICAL CONSENT FORM

I give permission for to undergo any First Aid treatment deemed necessary whilst resident at ROC Northwest Ltd. This includes the use of both local and general anaesthesia in the event of an emergency. Also any appropriate none Prescription medication or homely remedies.

Signed
Parent/Guardian

Date

PART 8: CONTRACT FOR USE OF PHYSICAL INTERVENTION

As a general rule, restraint of any young person is not acceptable and rarely used and only if the young person is at serious risk of harming themselves, others, or of seriously damaging property.

If restraint is used then all ROC Northwest Ltd staff members follow the guidelines of the Team Teach programme. (Further details of the training programme are available from the General Manager). This is one of the approved programmes of BILD and follows Government principles on the use of restraint. All ROC Northwest Ltd staff members have received training in Team Teach.

Name of Young Person

Date of Birth.....

Signed by Social Worker.....

Date.....

Signed by ROC Northwest Ltd

Date.....

PART 9: Concluding information

What do you consider to be the overall objectives of this placement?

.....
.....
.....
.....

Has the funding been agreed? YES NO

Invoice address

Name of contact.....

Tel Fax Email.....

Please state where you heard of ROC Northwest Ltd.....

Please Note: For a young person to be admitted to ROC Northwest Ltd the relevant services MUST provide a copy of their order, Part 1 & 2 Essential Information and Part 1 & 2 Placement Plan, Placing Authority Child Protection Procedure on admission.

Thank you for this information. It will help us make a professional judgment as to whether we can properly and effectively meet the needs of the young person you wish to place.

All correspondence/phone contact relating to this placement should be made to:

Simon Wright
ROC Northwest Ltd
Yealand Suite
Clawthorpe Hall Business Centre
Burton
Carnforth
Lancs LA6 1NU

Tel 01524 784377 FAX 01524 784366