

REFERRAL FORM

1. CHILD INFORMATION SHEET

Full Name:	
Date of Birth:	Age:
Gender	Town of birth:
Religion:	Nominal/Practicing?
Legal status (Please enclose details of any current orders, court dates, etc)	
Notes on access, custody etc.	
Social Worker:	Area / Authority:
Tel:	Fax:
EDT Tel:	
Mother's name and address:	Father's name and address:
Tel:	Tel:
Other significant names and addresses:	
Tel:	Tel:

2. DESCRIPTION

Approximate height:	Build:
Hair colour:	
Distinguishing features, Birthmarks, scars, tattoos etc.	
Ethnic background:	
Medical notes: medical conditions/prescribed drugs etc.	

3. PLACEMENT HISTORY

Current placement:	Length of time in placement:
Previous placement:	Length of time in placement:
Summary of placements prior to the above:	
How long in social services:	

Why is the placement being sought?
Which behaviours give cause for concern?

Summary of Present Care Plan:
Anticipated duration of Placement:
Important family information (including expectation of family involvement during placement):

4. BEHAVIOUR/RISK ASSESSMENT

Outstanding Offences:
Court Appearance:
Offences :

Description of behaviour	Details - How and where it occurred	When
Violent Offending	Yes / No	
Non-Violent Offending	Yes / No	
Other Violent Incidents	Yes / No	
Self Harm/ Suicide Attempts	Yes / No	
Use of drugs/ cigarettes/alcohol	Yes / No	
Inappropriate sexual behaviour	Yes / No	
Absconding	Yes / No	
Other e.g. Soiling, Wetting, Eating Disorders, Fixations, Theft		

In your view, what risk does the young person pose with regard to:

	Low	Med	High
Suicide / Attempted suicide			
Younger female residents			
Younger male residents			
Older male residents			
Older female residents			
Female staff members			
Male staff members			
Members of ethnic minority groups			

During his/her stay at The Lorimer Group, this young person may present the following *likely* risk/s to the health and safety of self and others, based on previous behaviours.

1. Risk to self (YES <input type="checkbox"/> NO <input type="checkbox"/>)
Please describe behaviours indicating risk to self:
2. Risks to other residents (YES <input type="checkbox"/> NO <input type="checkbox"/>)
Please describe behaviours indicating risk to other residents:
1. Risks to the community (YES <input type="checkbox"/> NO <input type="checkbox"/>)
Please describe behaviours indicating risk to the community:
5. Risk to staff (YES <input type="checkbox"/> NO <input type="checkbox"/>)
Please describe behaviours indicating risk to the community:

Person completing risk assessment:
Signature:
Date:

5. CONSENT

Young Person's Name:

As guardian of the above person, I hereby authorise him/her to participate in the daily activity programme organised by The Lorimer Group.

Signed:

Dated:

It is also likely that during his/her stay at The Lorimer Group the resident may be taken away on weekend visits, either camping or in other accommodation and I confirm agreement to this also.

Signed:

Dated:

I am aware that, as a very last resort, if required, physical restraint might be used to prevent a young person coming to harm, harming others, or causing extensive damage to property, The Lorimer Group staff are trained in 'Bild' approved techniques.

Signed:

Dated:

I give consent for staff at The Lorimer Group to access medical and dental treatment where necessary for the welfare of the above person. I also give consent for staff to administer prescribed medicine, over the counter medicine and administer basic first aid where necessary.

Signed:

Dated: