**Camden Lifelong Links – Referral Form**

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| Referrer Details | |
| Date |  |
| Name |  |
| Professional Role |  |
| Agency and Address |  |
| Contact Number and email |  |
| Had the SW been involved in an FGC previously? | Yes or No? Which LA? |
| Supervisors Name |  |

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| Child/ Young Person’s Details | | | |
| Surname | |  | |
| Name (and preferred name) | |  | |
| Date of Birth |  | Gender |  |
| Ethnicity | |  | |
| MOSAIC No: | |  | |
| Young Persons mobile number | |  | |
| Current Legal Status. Date became LAC (if child was previously LAC give dates of previous episodes and latest date of entry into care) | |  | |
| Address and placement type | |  | |
| Any Communication Needs? | |  | |

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| Placement History (add additional rows as required)  Please complete a chronology of placement changes the young person has had | | | |
| Placement Type | Date From | Date To | Reason for placement change |
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| People of Importance - Parents/Carers/Siblings/Family  (add rows as required) | | | | |
| Name | Relationship | Address | Contact Details | Interpreter Required? |
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| Involved Agencies and Professionals – School/CAMHS/Health  (add rows as needed) | | |
| Name of Key Person | Agency | Contact details |
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| Referral Details |
| Brief History of Involvement. What is the main reason for the referral and outcomes to be achieved?  (This will be discussed at the planning meeting) |

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| Have you discussed the referral with the young person? | |
| Yes No (please delete) |
| Views of the young person and possible outcomes? | |

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| Have you obtained authorization of person/Local Authority with Parental Responsibly | |
| Yes or No (please delete)  Note that a referral will not be accepted without confirmation of consent from a person(s) with Parental Responsibility |
| Views of the parents and possible outcomes? | |

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| Are there any significant timescales to be aware of? (i.e placement or educational moves, court dates) |
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| Signed: | Date: |