**CAF Referral**

**Consent for information storage and sharing**

This form relates to Click here to enter text.

**Consent must be obtained for the CAF Referral to proceed**, except in the following circumstances:

1. where there are clear child protection concerns and the referrer suspects that by attempting to get consent from the parents that this could potentially place the child/young person and or the adult victim at potential risk of harm. These cases must be discussed with the MASH Social Worker on a no names basis in advance of any referral.
2. when the referrer has sought consent but the parent/carer has refused permission and there are concerns that the child may be at risk of significant harm. These cases must be discussed with the MASH Social Worker on a no names basis in advance of any referral.

**Parental Consent**

**I understand the concerns held by professionals and why this referral is being made.**

**I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:**

 

*Note that social worker may undertake a network check.*

**I agree to the sharing of information other than those services listed below**

*This is a mandatory field. Please either select either Yes or No to confirm consent has been requested*

 

**Services with whom information cannot be shared**

Click here to enter text.

Parent has not consented for the following reason(s)

Click here to enter text.

Parent not asked for consent for the following reasons(s)

Click here to enter text.

Date discussed with MASH Social Worker Click here to enter a date.

**Child, Family and Service information**

**Child/Young person details**

First name(s) Click here to enter text.

Last name

Date of birth or EDD Click here to enter text.

NHS ID Click here to enter text.

UPN ID Click here to enter text.

Gender

Address

Religion Not stated

Language spoken English



**Presenting issues**

At least one presenting issue MUST be selected. If multiple issues have been identified select all that are applicable





Anti-social Behaviour – Describe briefly Click here to enter text.





For domestic abuse please select a type Choose an item.























For children missing education please select reason for this Choose an item.

Other reason for missing education Click here to enter text.







Additional Educational Needs – Describe briefly Click here to enter text.











Other presenting issue Click here to enter text.

**Parent(s), household members and other significant adults**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Gender | PR | Ethnicity | Address and phone number | Religion | Relationship |
|  |  |  | Yes |  |  | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | [Move this row up](http://mosaic-live.lbcamden.net:7003/mosaic_live/controller/formeditor/view?subgroupId=82032&formId=925845#_) |

**Lead Professional (if known):**

**Services Involved**

|  |  |  |
| --- | --- | --- |
| Name | Agency | Contact details (Incl phone number) |
| Child Psychotherapist |  |  |

**Referral Information**

**Referral Date** Click here to enter a date.

**Details of person making referral**

Name Click here to enter text.

Organisation Click here to enter text.

Job Title Click here to enter text.

Contact telephone number Click here to enter text.

Contact e-mail Click here to enter text.

**Referral Information**

**Information is mandatory**

What has led to this child or young person being referred?

*You should set out here why the child came to our attention, why we are concerned and what involvement is required.*

*This section must:*

* *Be written in plain English with no jargon*
* *Detail concerns, presenting issues and sources of information*
* *Clearly tell the family what the concerns are and why the referral is being made*

Click here to enter text.

What has been done to date?

*Include details of contact with the family and any work carried out with them.*

Click here to enter text.

What are the strengths/protective factors in the family?

Click here to enter text.

Form completed by Click here to enter text.

**Referral Outcomes**









Click here to enter text.