**A picture containing text, clipart

Description automatically generated**

**Stronger Families and Resilient Children**

**Appendix 1.**

**Early Help and Children’s Social Care**

**Referral Form for Carers Assessment for Carers of Special Educational Needs and Disabled Children**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** | | | |
| **Date of Referral** |  |  |  |
| **Name** |  | **Agency** |  |
| **Phone Number** |  | **E mail Address** |  |
| **Signature** |  | **Job Title** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Carer’s Details** | | | |
| **Name** |  | **DOB** |  |
| **Address** |  | **Postcode** |  |
| **E Mail** |  | **Tel Number** |  |
| **Relationship to child cared for** | |  | |
| **Consent for referral gained from carer** | | **YES/NO** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details** | | | |
| **Name** |  | **DOB** |  |
| **School/College attending** | |  | |
| **Details of child’s disability including diagnosis if known** | | | |
|  | | | |
| **Please state below which multi - agency plan is in place for the child**  **(Early Help//Education Health Care (EHC)/Child in Need/Child Protection/Child in Care Plan/Other/None)** | | | |
|  | | | |
| **Name of Lead Professional** |  | **Job Title**  **Agency** |  |