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| **Leeds Children’s Rights Referral Form**  **If you would prefer to speak to someone or if you need help with answering any of the questions, please call us on 07808 736330 or email us** [**Leedschildrensrightsservice@barnardos.org.uk**](mailto:Leedschildrensrightsservice@barnardos.org.uk) |

\*Are parent/guardian in agreement with the referral? Yes  No

(if **No** we cannot take referral unless you have an email from your Team manager to override parental agreement)

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| **Referrer Details** | | | | | |
| **Social Worker name:** |  | **Tel No:** |  | | |
| **Email:** |  | | |
| **Social work Team Area**: i.e. South 10/ENE9 /WNW27 |  | | | | |
| **CPC Details** | | | | | |
| **ICPC or Review** |  | | | | |
| **Date of conference:** |  | **Time:** |  | | |
| **Location:**  Virtual or building address |  | | | | |
| **Name of Conference Chair:** |  | | | | |
| **Young Person Information:** | | | | | |
| **Full name:** |  | **DoB:** |  | | **Male**  **Female**  **Non binary** |
| **Full name:** |  | **DoB:** |  | | **Male**  **Female**  **Non binary** |
| **Full name:** |  | **DoB:** |  | | **Male**  **Female**  **Non binary** |
| **Full name:** |  | **DoB:** |  | | **Male**  **Female**  **Non binary** |
| **Full name:** |  | **DoB:** |  | | **Male**  **Female**  **Non binary** |
| **Full name:** |  | **DoB:** |  | | **Male**  **Female**  **Non binary** |
| **Ethnicity:** |  | **Religion:** |  | | |
| **Any disability/ communication needs** |  | | | | |
| **Address:** |  | | | | |
| **Parent/Guardian Name:** |  | **Tel No:** |  | | |
| **School name and address** |  | **Tel No:** |  | | |
| **Designated School Safeguard Officer name/contact details** |  |  |  | | |
| Relevant History: | | | | | |
| **Why have the family come to conference? What are the main concerns?** | | | | | |
| **Additional information to help us deliver a service**  e.g. health circumstances, risk of going missing, challenging behaviour, how they interact with professionals if younger.  *NB: If risk is indicated please supply us with their Individual Risk Assessment within the next 2 weeks*  **Is it safe to visit in the home?** Yes  No  If no, please explain why. | | | | | |
| **Can the young person attend the conference or want to be part of it?** | | | | Yes  No | |

**Please email this referral form to** [**Leedschildrensrightsservice@barnardos.org.uk**](mailto:Leedschildrensrightsservice@barnardos.org.uk)

*we will email you within 48hrs the name of the worker allocated or before if we are unable to take the referral*