

Single Agency Referral Form

This form is to be used when making a referral into Children's Social Care, or for a referral to a single agency.

The form should be completed with consent wherever possible. However, if the referral is due to child protection concerns and to approach the child/young person/parent/carer would mean an increased risk of significant harm, prejudice the prevention or detection of crime, or place an adult at risk of significant harm, then consent is not required. Details of consent should be recorded in Section 7.

Date of referral:

Agency referred to:

Single Agency without CAF (complete all sections)

Single Agency with CAF (complete sections 1, 2, 3 and 7)

Children's Social Care without CAF (complete all sections)

Children's Social Care with CAF (complete sections 1, 2, 3 and 7)

Section 1: Referrer's Details

Referrer: Address		Agency	
		Role:	
		Tel:	
		Email:	
Line Manager			

Section 2: Child / Young Persons Details

Family Name		First Name(s)	
AKA/previous names			
Gender		Date of birth or EDD	
Address			
Postcode		Telephone	
Ethnicity	If other please specify		
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Any other White background	
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Traveler of Irish Heritage	<input type="checkbox"/> Black Caribbean	
<input type="checkbox"/> Black African	<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other ethnic background	
<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Any other Mixed background	
<input type="checkbox"/> Info not obtained	<input type="checkbox"/> Refused		

Child's first language		Parent/Carer's first language	
If Other please specify		If Other please specify	
Religion		Immigration Status	

Does the child have an identified Special Educational Need?	YES / NO		
If "YES" Please indicate at what level:	Early Years / School Action	<input type="checkbox"/>	
	Early Years / School action Plus	<input type="checkbox"/>	
	Statemented	<input type="checkbox"/>	
Please indicate what the SEN Primary Need of the child is:			
Specific Learning Difficulty (SpLD)	<input type="checkbox"/>	Moderate Learning Difficulty (MLD)	<input type="checkbox"/>
Severe Learning Difficulty (SLD)	<input type="checkbox"/>	Profound & Multiple Learning Difficulty (PMLD)	<input type="checkbox"/>
Behaviour, Emotional & Social Difficulty (BESD)	<input type="checkbox"/>	Speech, Language & Communication Needs (SLCN)	<input type="checkbox"/>
Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>	Visual Impairment (VI)	<input type="checkbox"/>
Multi-Sensory Impairment (MSI)	<input type="checkbox"/>	Physical Disability (PD)	<input type="checkbox"/>
Do you consider the child to have a disability, as defined by the Disability Discrimination Act (DDA)?	YES / NO		
If "YES" please provide details			
Details of any special requirements (for child and/or parent/carer)			

Section 3: Reason for referral

Reason for referral:
What involvement has the referring agency had prior to referral?
What outcome(s) are you seeking for the child/family?

If a CAF has not been completed, please detail why:

Section 4: Details of parents/carers and family

Family Name:			First Name(s):		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Undetermined <input type="checkbox"/>		
Relationship to unborn baby, child or young person:					
Address					
Postcode		Telephone:			
Parental Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					

Family Name:			First Name(s):		
Gender					
Relationship to unborn baby, child or young person:					
Address					
Postcode		Telephone:			
Parental Responsibility?					

Please list below the names and details of all children and adults who are currently residing with the child or young person:

Family Name	First name	DOB/ Age	Relationship to the child/young person

Section 5: Services working with this infant, child or young person

Service Name	Address	Telephone
GP:		

School, Nursery, Early Years or education provision:		
Health Visitor:		
School Nurse:		

Section 6: Supporting information for referral

Please consider the three domains listed below, thinking about the areas covered by these domains in the CAF.

1: Development of unborn baby, infant, child or young person:
2: Parents and Carers abilities/influence:
3: Family and environmental factors:
Other factors not covered by the above:

Section 7: Consent

Is the parent/carer aware of this referral? **YES / NO**

If not, please justify why the referral is being made without consent:

Comments of parent/carer and/or the child or young person:

- We/I understand the information that is recorded on this form and that it will be shared and used for the purpose of providing services to the child/young person
- We/I give consent to the involvement of the identified service
- We/I are/am aware of this referral

Signature of parent/carer: _____

Date: _____

Signature of young person (if appropriate) _____

Date: _____

I confirm that I have obtained consent from the parent/carer or young person as appropriate and that she/he understands that information will be shared (as appropriate) between relevant professionals. I have retained the signed consent within our agency's records.

Signature of referrer: _____

Date: _____

Action to be taken:

To be completed by receiving agency and returned to referrer

- Referral accepted – services to be provided by receiving agency
- Further needs identified – please complete CAF
- Referral Refused – no further action by receiving agency

Please give brief details as to why no further action will be taken:

Completed by: _____
Job role: _____
Date: _____

If you need a version of this form in large print or in a language other than English, please telephone the number below:

Telephone:
0161 912 2000

Textphone/Minicom:
0161 912 2102

All SARFs will be stored securely electronically and paper files in line with Data Protection Act 1998.