|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Email: | **duty.assess@harrow.gov.uk** |
| Golden Number: | **0208 901 2690** |  | **duty.assess@harrow.gov.uk.cjsm.net** |

**Referral Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Referrer** |  |  | **Relationship with Subject / Professional Role** |  |
|  |  |  |  |  |  |  |  |
| **Telephone Number** |  |  | **Email Address** |  |  | **Date of Referral** |  |

**Family / Household details**

#

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Address** |  |  | **Post Code** |  |

##

## CHILD DETAILS

Details of All Subject Children

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | NHS No:  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Telephone |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Disability / Learning Need |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | NHS No:  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Telephone |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Disability / Learning Need |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | NHS No:  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Telephone |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Disability / Learning Need |  |

Family / Household Members

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender | Select |  | Telephone  |  |
|  |  |  |  |  |  |  |
| Parental Responsibility |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Relationship to the subject child or children |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | Telephone  |  |
|  |  |  |  |  |  |  |
| Parental Responsibility |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Relationship to the subject child or children |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | Telephone  |  |
|  |  |  |  |  |  |  |
| Parental Responsibility |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Relationship to the subject child or children |  |

**Other Significant People Not Living In the Household**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | Telephone  |  |
|  |  |  |  |  |  |  |
| Parental Responsibility |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Relationship to the subject child or children |  |
|  |  |  |
| Address |  |  | Post Code |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DoB/EDD |  |  | Gender |  |  | Telephone  |  |
|  |  |  |  |  |  |  |
| Parental Responsibility |  |  | Ethnicity |  |  | Religion |  |
|  |  |  |  |  |
| Relationship to the subject child or children |  |
|  |  |  |
| **Address** |  |  | **Post Code** |  |

## GP DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GP Practice** |  |  | **GP Name** |  |
|  |  |  |  |  |  |
| **GP Address** |  |  | **Post Code** |  |
|  |  |  |  |  |  |  |
| **Telephone Number** |  |  | **Email** |  |

##  EARLY YEARS PROVISION / SCHOOL / COLLEGE DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** |  |  | **School Contact Name** |  |
|  |  |  |  |  |  |
| **School Address** |  |  | **Post Code** |  |
|  |  |  |  |  |  |  |
| **Telephone Number** |  |  | **Email** |  |

## Other Professionals Involved *(Include any known community/voluntary / faith organisations)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Detailed | Contact |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referral Information**

#

## Provide a summary of any current or previous concerns you have about this child in the boxes below

|  |  |
| --- | --- |
| *Where possible use Signs of Safety Methodology:*  | *What are you worried about?**What are the strengths/what is working well / safety factors?**Are there any complicating factors?**Are there any grey / unknown areas?* |

|  |
| --- |
| Presenting Issue |
|  |
|  |  |
| Relevant History |
|  |

|  |  |  |
| --- | --- | --- |
| Are there any health and safety risks that require consideration by practitioners’ e.g. violent person, dangerous animal? |  | Y / N |
|  |  |  |
| **If yes, provide details** |  |

|  |  |  |
| --- | --- | --- |
| Are there any specific additional communication / language / disability needs? |  | Y / N |
|  |  |  |
| **If yes, provide details** |  |

|  |  |  |
| --- | --- | --- |
| Is the Young Person aware of this referral? |  | Y / N |
|  |  |  |
| **If yes, provide details** |  |

|  |  |  |
| --- | --- | --- |
| Has there previously been a referral made regarding the child or family? |  | Y / N |
|  |  |  |
| **If yes, provide details** |  |

|  |  |  |
| --- | --- | --- |
| Is the Parent aware of this referral? |  | Y / N |
|  |  |  |
| **If yes, provide details** |  |

|  |  |  |
| --- | --- | --- |
| Do we have consent from parent to share/seek further information? |  | Y / N |
|  |  |  |  |  |  |  |
| **Consent Not Obtained**  |  | Y / N |  | **Provide details if not obtained** |  |