|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 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** |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the referral is requesting Early Support, have parents agreed to ES involvement? | | | | | |  | Y / N |
|  |  |  |  |  | |  |  |
| **Consent Not Obtained** |  | Y / N |  | **Provide details if not obtained** |  | | | |

**Guidance on the processing and sharing of personal data for the purpose of child protection**

The General Data Protection Regulation and the Data Protection Act 2018 states that, as a public authority, we have the authority to process(share) personal data in the exercise of our official duties without seeking parental consent.

The “public task basis” as described in the legislation allows authorities to use data when they can demonstrate that the processing is to perform tasks that are set by national law.  This means parental consent is not necessary for the obtaining and sharing of information between agencies when that information is for child protection or safeguarding purposes or for an assessment of a child or children’s needs.

The information that is shared and obtained by the local authority will be key in the decision regarding the need to undertake an assessment.  The outcome of the assessment could be an offer of support to families and children under Section 17 of the Children Act 1989, parents have the right to decline an offer of help or support following an assessment

We are obliged to inform parents of how their information has been collected and used and this will be available on request.

For further information : [ICO Guidance on Public Task Basis](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/)