

Children and families - Inter-agency referral



Please complete in **BLOCK CAPITALS** using black ink or type
Urgent referrals must be made immediately to the Duty Assessment and Referrals Team (DART) or the Emergency Duty Team.
Do not delay in making a referral if you are concerned.
This referral form must be completed and forwarded within 48 hours of a telephone referral.

Official use only
Acknowledgement sent by:

Children's Social Work Services DART Team, Telephone 0121 788 4333 Fax: 0121 788 4394 or Out of hours (EDT): 0121 605 6060.

Data Protection Act 1998

The information included within this document is required by Children's Social Work Services to make a decision on an appropriate response to a referral. It may be discussed with other agencies and members of the family concerned, where this is necessary to make a decision.

Worker completing referral:	Date:	Time:
Email address:	Agency:	
Telephone number:	Contact address:	

Child/Young Person			
Name:	Date of birth:	M	F
School:	Contact telephone:	Ethnic origin:	
Name:	Date of birth:	M	F
School:	Contact telephone:	Ethnic origin:	
Name:	Date of birth:	M	F
School:	Contact telephone:	Ethnic origin:	
Name:	Date of birth:	M	F
School:	Contact telephone:	Ethnic origin:	

Parents/Carers			
Name:	Date of birth:	M	F
Name:	Date of birth:	M	F
Family Address:	Telephone:		
	Post Code:		
Current address of child(ren) if different:	Telephone:		
	Post Code:		

Is (are) PARENT(s) aware of referral? YES NO

Has a Parent given their consent to contact Children's Social Work Services?
YES NO

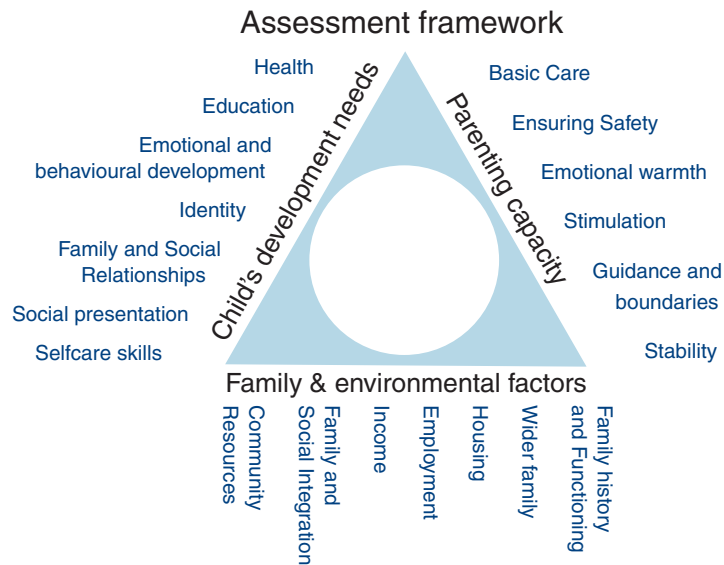
Is the CHILD/YOUNG PERSON aware of the referral? YES NO

Has he/she given their consent to contact Children's Social Work Services?
YES NO

If this has not been obtained, give reasons for this, particularly why informing them would jeopardise the safety of the children, or why their wishes have been overruled.

Has a Common Assessment Framework (CAF) been completed? If yes please provide contact details. YES NO

Please tick area(s) of key concern and complete summary.



Any communication language/interpreting needs for significant family members. Please specify

Other professional agencies involved - names and telephone; please include GP.

Summarise the key concerns from the information gathered by yourself/your agency in relation to the dimensions above. Why are you contacting Children's Social Work Services at this point? Please identify any services already offered by your agency and outcomes and any other substantial unmet needs.

Additional information for children and families inter-agency referral form

Feedback to referrer

Name of children:

Home address:

Form completed by:

Initial action taken by Children's Social Work Services

Commenced S47 Enquiry/ Core Assessment

Commence Child in Need Assessment

Sign posted to other services
(Please give details)

No further action taken

Signature of Manager

Date
