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| **Referral Form for the Social Work Service**  **If an immediate Child Protection Concern, phone Police Scotland and/or the Social Work Contact Centre (03451 551503). A referral form should then be submitted within 24 hours.** | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Request** | | | | | | | | | | | | | | | | | | | | | |
| **Wellbeing needs** | | ☐  **(Click box to select)** | | | | | **or** | | | | | | | **Risk of harm** | | | ☐  **(Click box to select)** | | | | |
| **Referred Unborn baby/Child or Young Persons Name** | | | | | |  | | | | | | | | | | **D.O.B.**  **E.D.D** | | | |  | |
| **Sex** | Male ☐ Female ☐  **(Click box to select)** | | | | | | | | **Identified gender** | | | | | | |  | | | | | |
| **Are there any additional support needs for the family, e.g. interpreter?** | | | | | | | | | | | |  | | | | | | | | | |
| **Address**  **Pasting a screenshot is acceptable.**  **(Windows button + Shift + S)** | |  | | | | | | | | | | | | | | | | | | | |
| **Post Code** | | | | | | | |  | | | | | | | | | | | |
| **Home Telephone** |  | | | | | | | | | | **Mobile No** | | | |  | | | | | | |
| **Educational Placement** | **Nursery** ☐ | | | **Primary** ☐ | | | | | | **Secondary ☐** | | | **Other (specify)** | | | | |  | **Stage** | |  |
| **Named person for referred child/Young Person** | | |  | | | | | | | | | | | | | | | | | | |
| **Allocated Midwife if referral for UBB** | | |  | | | | | | | | | | | | | | | | | | |
| **Names of Parents/ Carers** | | | | | **DOB** | | | **Gender** | | | | | | | | **Relationship to child** | | | | **Has parental rights?** | |
|  | | | | |  | | |  | | | | | | | |  | | | | Yes  No  Not known  (delete as applicable) | |
| **(Right click to insert extra row if needed.)** | | | | |  | | |  | | | | | | | |  | | | | Yes  No  Not known  (delete as applicable) | |
| **Names/DOB of siblings and/or other children in the household** | | | | | **DOB** | | | **Gender** | | | | | | | | **Relationship to child** | | | | **School & stage (if known)** | |
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| **(Right click to insert extra rows if needed.)** | | | | |  | | |  | | | | | | | |  | | | |  | |
| **Names /DOB/address of siblings living outwith the household** | | | | | **DOB** | | | **Gender** | | | | | | | | **Relationship to child** | | | | **School & stage (if known)** | |
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| **Provide a summary of the wellbeing needs or risk of harm and the action you feel is necessary based on your assessment and the information you have available (open text boxes are expandable).** | | | | | | | | | | | | | |
| 1. **From your assessment what is getting in the way of this UBB and C&YP wellbeing? (Consider the 5 GIRFEC questions and provide strengths as well as challenges).** | | | | | | | | | | | | | |
| 1. **From your assessment what impact does this have on the UBB and C&YPFC - provide details considering the My World Triangle / Resilience Matrix?** | | | | | | | | | | | | | |
| 1. **Please outline what supports/interventions your service has already accessed and implemented to meet the identified needs and the impact this has had?** | | | | | | | | | | | | | |
| 1. **What other services are currently involved in supporting the UBB and C&YPFC? What impact has this had?**   ***Please include practitioner(s) name if known.*** | | | | | | | | | | | | | |
| 1. **Specify the desired outcomes to improve the current situation for the UBB and C&YPFC** | | | | | | | | | | | | | |
| 1. **Include a child’s plan and attach your single agency chronology (if available) for the referred UBB and C&YP.** | | | | | | | | | | | | | |
| 1. **Confirm that child/young person is fully informed of referral or rationale for not informing.** | | | **Yes** | | ☐  **(Click box to select)** | | **No** | | ☐  **(Click box to select)** | | | **Refer to CWP guidance section 10.1-10.3 and information sharing flow chart.** | |
| 1. **Confirm that parent/carer person is fully informed of referral or rationale for not informing.** | | | **Yes** | | ☐  **(Click box to select)** | | **No** | | ☐  **(Click box to select)** | | | **Refer to CWP guidance section 10.1-10.3 and information sharing flow chart.** | |
| **Referrer’s Name and role.** |  | | | **Telephone** | | | |  | | | **Contact email** | |  |
| **Time of concern:**  **Reason for delay of referral if applicable:** | |  | | | | **Date of concern:** | | | |  | | | |