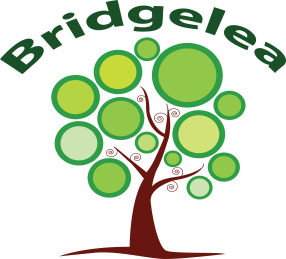
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Request for a Service for Child/Young

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of Referrer | | | | |
|  |  | | | |  |
| Name: |  | Designation: |  |
|  |  |  |  |
| Address: |  | | |
|  |  |  |  |
| Postcode: |  | Telephone: |  |
|  |  |  |  |
| E-mail: |  | Date of referral: |  |
|  | | | |

|  |  |
| --- | --- |
| Child / Young Persons Details | |
| Name: |  |
| D.O.B: |  |
| Gender: |  |
| Ethnicity: |  |
| Language Spoken: |  |
| Liquid Logic ID: |  |
| Address: |  |
| Postcode: |  |
| Outline any special needs |  |

|  |  |
| --- | --- |
| Child / Young Person’s Education Details | |
| Name of School: |  |
| Address: |  |
| Telephone number: |  |
| Contact Name: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Status of child / young person | | | | | | | | | |
|  | Is the child / young person known to any of the following; | | | | | | | |  |
| Early Help: |  | Child in Need: |  | Child Protection: |  | Child in Care: |  |
|  | | | | | | | |
| Please give further details: | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Details of parents/carers who the child / young person lives with | | | | | | |
|  |  |  | |  |  |  |
|  | Names: |  | | Relationship: |  |  |
|  |  | |  |  |
| Telephone: |  | | Mobile: |  |
|  |  | |  |  |
| Name of parent/guardian:  (if different from carer) | |  | | |
|  |  | |  |  |
| Address: |  | | | |
|  |  | |  |  |
| Postcode: |  | |  |  |
|  |  | |  |  |
|  | Email: |  | |  |  |  |
|  |  |  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other people living at the same address as the child / young person  (Please include relationship to referred child \*continue on separate sheet if needed) | | | |
| Name: |  | Gender: |  |
| DOB: |  | Relationship: |  |
|  | | | |
| Name: |  | Gender: |  |
| DOB: |  | Relationship: |  |
|  | | | |
| Name: |  | Gender: |  |
| DOB: |  | Relationship: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| People important to the child / young person living elsewhere  (Please include absent parents) | | | | | |
|  |  | | | |  |
| Name: |  | Relationship: |  |
|  |  |  |  |
| Address: |  | Dob/Age: |  |
|  |  |  |  |
| Name: |  | Relationship: |  |
|  |  |  |  |
| Address: |  | Dob/Age: |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other agencies involved (please tick) | | | | | | | | | | | |
|  | CAMHS: |  | Police: |  | Health: |  | | Other (please state): | |  |  |
|  | | | | | | | | | | | |
|  | Please give names and contact details: | |  | | | | | | | |  |
|  |  | |  | | | |  | |  | |  |

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| --- | --- | --- |
| Details of the sexualised behaviour | | |
| Details of sexualised behaviour displayed by the child/young person. Please be specific about what happened and what the child did and/or said. It may be helpful to consider the following;   * Dates of the incidents and how many times this occurred? * What was the context of the behaviour? I.e. what was happening for the child at the time, did they present as happy/sad/angry etc.? * Did the behaviour involve elements of threat, force, coercion or secrecy? * Was the behaviour directed towards an adult, a child or both? * If the behaviour was directed towards a child(ren), what was their relationship with this child(ren)? Was there an age or power difference? * How was the behaviour addressed with the child/young person? Were there any sanctions put in place? Were these put in place immediately after the behaviour? * How did the child react when spoken to about their behaviour or when this was discovered? Were they embarrassed, ashamed, tearful, passive etc.? Could they accept responsibility for their behaviour or did they blame others? Do they have empathy for the victim(s) of their behaviour? * Is the child/young person focused on their behaviour or do they have other interests in their life? Do they seem preoccupied with the behaviour? Is the child/young person responsive to distractions from their behaviour or do they return to their behaviour despite distractions? Does the behaviour seem compulsive? | | |
|  |  |  |
|  | | |

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| --- |
| Additional Information |
|  |
| Is there anything else regarding the child/young person or their family that you think we need to know? |
|  |
| How do you think the service can help the Child/Young Person and the family? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of referrer: |  | Date: |  |
| Signature of Parent/Carer agreeing to referral: |  | Date: |  |

As part of this referral we may need to contact other professionals who are, or have been, involved with the young person or yourselves. Therefore, by signing your agreement to this referral you are also indicating your agreement for Bridgelea Primary School to contact other professionals and also agreeing for Bridgelea Primary School HSB workers to discuss material of a sexual nature with your child.

We request that the Social Worker making the referral attaches all existing safety plans attached to the young person who has perpetrated harmful sexual behaviour. Specifically, we need the community and home safety plans, and at a later date we will need the school safety plan.

PLEASE RETURN THIS COMPLETED REFERRAL FORM TO

lisa.shaw@bridgelea.manchester.sch.uk