**REFERAL FORM**

Email; kaleidoscopenw@aol.com

Please complete as much information as possible to allow us to ascertain the appropriate service requirements. Should you require any assistance completing the form, please don’t hesitate to contact us.

A member of our management team will contact you to discuss the referral further. All information will be treated as strictly confidential.

Name of professional making referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement service required? *Delete as appropriate*

Residential Placement with Parenting Assessment Yes/No

Community Parenting Assessment Yes/No

Outreach Support Yes/No

Please provide a summary of the circumstances that have led to this placement including any relevant case history and the anticipated service requirements you wish Kaleidoscope Assessment Services to provide for this placement, please include any relevant timescales, i.e. deadlines for parenting assessments to be completed and enclose any supporting documents you feel relevant;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S DETAILS

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth  |  |
| Current Address |  |
| Legal Status (if applicable i.e. FCO, ICO) |  |
| Relationship Status  |  |

FATHER’S DETAILS

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth  |  |
| Current Address |  |
| Legal Status (if applicable i.e. FCO, ICO) |  |
| Relationship Status  |  |
| Please indicate whether you require the father/partner to be included in any parenting assessment and if so in what form, i.e. community, joint residential |  |

INFANT / CHILD’S DETAILS

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth / EDD |  |
| Gender |  |
| Address if not in parent’s care |  |
| Legal Status (if applicable i.e. FCO, ICO) |  |

INFANT / CHILD’S DETAILS

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth / EDD |  |
| Gender |  |
| Address if not in parent’s care |  |
| Legal Status (if applicable i.e. FCO, ICO) |  |

Additional Information (please complete where information is known)

MOTHER

|  |  |
| --- | --- |
| Age |  |
| Ethnicity |  |
| Language |  |
| Religion |  |
| Previous assessments undertaken?(dates) |  |
| Learning disabilities |  |
| Mental Health issues |  |
| Domestic Violence |  |
| Anger Management |  |
| Offending/criminal behaviour |  |
| Drug/Alcohol use (give details) |  |
| Co-operation with professionals |  |
| Other disabilities/health issues |  |
| History of time in care |  |
| History of physical abuse |  |
| History of sexual abuse |  |
| History of neglect |  |

FATHER

|  |  |
| --- | --- |
| Age |  |
| Ethnicity |  |
| Language |  |
| Religion |  |
| Previous assessments undertaken?(dates) |  |
| Learning disabilities |  |
| Mental Health issues |  |
| Domestic Violence |  |
| Anger Management |  |
| Offending/criminal behaviour |  |
| Drug/Alcohol use (give details) |  |
| Co-operation with professionals |  |
| Other disabilities/health issues |  |
| History of time in care |  |
| History of physical abuse |  |
| History of sexual abuse |  |
| History of neglect |  |

ADDITONAL INFORMATION continued

CHILD

|  |  |
| --- | --- |
| Age |   |
| Ethnicity |  |
| Religion |  |
| Synopsis of any previous placements and duration away from birth parent/s |  |
| Health Concerns |  |
| Drug or alcohol withdrawal treatment |  |
| Witnessed domestic violence |  |
| History of physical abuse |  |
| History of emotional abuse |  |
| History of sexual abuse |  |
| History of neglect |  |

CHILD

|  |  |
| --- | --- |
| Age |   |
| Ethnicity |  |
| Religion |  |
| Synopsis of any previous placements and duration away from birth parent/s |  |
| Health Concerns |  |
| Drug or alcohol withdrawal treatment |  |
| Witnessed domestic violence |  |
| History of physical abuse |  |
| History of emotional abuse |  |
| History of sexual abuse |  |
| History of neglect |  |

PARENT’S DETAILS (please complete if birth parent requiring placement is under the age of 18 years)

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Address |  |
| Telephone Number |  |
| Nature of relationship, i.e. has direct or indirect contact and whether they are in agreement with this placement |  |

SOCIAL WORKER INFORMATION

|  |  |
| --- | --- |
| Full Name |  |
| Office Phone No. |  |
| Office fax no. |  |
| Email address |  |
| Office address |  |
| Emergency Duty Team No. |  |
| Local Authority |  |
| Team Manager |  |
| Funding Agreed |  |
| Please state any specific concerns to be addressed within the parenting assessment |  |

**Details of Significant Others**

*Please provide details of any further children (including details of where placed if not with parents) or any members of the family who will require a service from us i.e. supervised contact sessions*

CONFIRMATION

I confirm that all the information given on this form is accurate and to the best of my knowledge.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward this form either by email to

Kaleidoscopenw@aol.com

Or via post marked confidential to

Finsley House,

Finsley Street,

Burnley,

Lancashire,

BB10 2HN