**Daisy Programme Children & Young People’s Service**

**Referral Form (KS2 / KS3 only)**

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| **School:** |  | **Name & title of referrer:** |  |
| **Address:** |  |
| **Telephone:** |  | **Email:** |  |
| **Date of referral**  |

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| --- | --- |
| **Name of child** |  |
| **DoB and Age** |  |
| **M/F** |  |
| **Ethnic origin** |  |
| **Language(s)** |  |
| **SEND (details)** |  |

|  |  |
| --- | --- |
| **Parent/Carer:** |  |
| **Home address:** |  |
| **Telephone :** |  |
| **Email:** |  |
| **Has consent been gained?**  | **Yes / No** |
| **Is it safe to call and leave messages?** | **Yes / No** |
| **Is it safe to email?** | **Yes / No** |
| **Does the child/young person live with or still have contact with the perpetrator?**  | **Yes / No** |
| **Are there other children/young people living in the home? If yes, please give details:** | **Yes / No** |

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| **Brief description of Domestic Abuse past/present:**  |

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| --- | --- | --- |
| **What is the school worried about?** | **What is going well for the child?** | **What needs to happen.** |
|  |  |  |

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| **Are there any other professionals working with the child/young person?**If yes, please give details |
| **Is the child/young person in the care of the Local Authority**? If yes, please give details |
| **Is the child/young person subject to a Child Protection Plan or Child in Need Plan?**If yes, please give details |
| **Is there a Family Support Plan (FSP) for the child/young person?**  |
| **Please return completed referral to:**bernie@daisyprogramme.org and sharni@daisyprogramme.org Our aim is to contact you on the Friday morning after referral has been received. If this is not convenient due to timetabling issues, please let us know. |