

Calcot Services for Children
Referral Form

Calcot Cottage/The Dingles/Palmera
(delete as appropriate)

Details of Social Worker:

Name:	Tel:	Fax:
Email:	Address:	
Team Leader:		

Details of Young Person:

Name:	Gender:	Ethnicity:
DOB:	Age:	Religion:
Current Location:		
Legal Status/Care Order:		

Details of Family:

Mother's Name:	Tel:	Details of Contact:
Parental Responsibility?	Address:	
Father's Name:	Tel:	Details of Contact:
Parental Responsibility?	Address:	
Sibling Details:		

Health Needs:

Allergies:	Health or Dietary Needs:
Current Illnesses:	Current Medication:
Childhood Illnesses:	Drug or Alcohol Dependency:
Current GP Details:	
Current Dentist Details:	
Current Optician Details:	

Behaviour & Care Needs:

Perceived risk or vulnerability to or from other young people:

Summary of types of behaviour previously displayed (i.e. violence, absconding, self harm):

Summary of relationships with other adults & young people:

Identify any special Religious, Cultural, Ethnic or Linguistic needs of the young person:

Identified care needs of young person:

Details of previous/outstanding offences and sentencing outcomes:

Education:

Details of most recent educational placement and contact number (include details of Educational Psychologist if applicable):

Current educational attainment and difficulties:

N.B. A full education report and a list of previous educational placements will be required. Please include copies of the young person's PEP and statement where applicable. An educational placement will be required BEFORE admission.

Other Details:

Hobbies and interests of young person:

All other important/relevant information:

Placement Funding:

Has funding been agreed?

Yes / No

Do you require a psychological assessment?

Yes / No

Invoice Address/Tel No/Contact Name:

Contingency Plan:

Should the placement require termination within the first 12 weeks, please state the arrangements that have been made as an alternative:

Services being requested:

Accommodation and staff ratio requested:

- a) Group living in a community environment medium to long term: Yes / No
b) Extra staff supervision 1:1 in a group living situation: Yes / No

N.B. Additional costs will be incurred for a higher degree of staff supervision.

Additional services requested (please state):

Information to be enclosed with this form:

- * Last review report
- * Any psychological or psychiatric reports
- * Last school report
- * Copy of legal order if applicable
- * Copy of education statement
- * Information about the young persons views of future placement
- * Any other relevant information

I have completed this referral form with a view to placing the detailed young person with:

Calcot Cottage, PO Box 8081, Reading, Berkshire, RG30 9DU

The Dingles, PO Box 2880, Reading, Berkshire, RG1 9HU

Palmera, PO Box 8082, Reading, Berkshire, RG30 9DU

I understand the terms & conditions set out in the services & pricing information and should the placement be made then the 12 week notice period is acceptable. I am fully aware that placements at CSFC are for a minimum of 12 weeks and that it is a medium to long term placement. I have a contingency plan should an alternative placement be required. To the best of my knowledge the information contained in this referral form and supportive information is accurate.

* A risk assessment will need to be completed on all admissions.

* Decisions to accept the placement on behalf of CSFC is conditional on the information available upon admission and do not invalidate the risk assessment.

* If additional staff supervision is required due to behaviour / concerns the 1:1 charges will apply. CSFC will discuss this with you beforehand. If the placing authority do not agree the additional supervision is required, then an emergency planning meeting will be held to discuss the matter within 5 working days. If there is still no agreement, termination of placement will result within 5 days of the planning meeting.

* I understand that it is a condition of placement to sign and agree the positive handling policy.

I understand that should a placement be agreed, I will complete the LAC's paperwork in line with DOH guidelines and within the specified time scales. I am also aware of the need to set up a planning meeting within 72hrs of placement, in order to agree the roles and responsibility of workers and formulate placement plans together with the need for a formal review after 4 weeks of placement.

Signed _____ For and on the behalf of _____(local authority)

Date _____

N.B. It is the responsibility of the placing local authority to notify (in writing) the appropriate Social Services, Health Services and Education Department of their intent to place a Looked After Child within Calcot Services for Children.