



Calcot Services for Children Ltd
Young Person Referral Form

Date of referral:

Please specify the home you are making a referral to if known (underline below)

Calcot Cottage, Yew Tree Cottage, Palmera, The Dingles, Pondview, Joleen House

Details of Social Worker:

Referring Authority:

Name:	Tel:	Fax:
Email:	Address:	
Team Leader:		
EDT Contact Number:		

Details of Young Person:

Name:	Gender:	Ethnicity:
DOB:	Age:	Religion:
Current Location:		
Reason for placement change?		
Legal Status/Care Order:		

Details of Family:

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

Sibling Details:

Details of sibling contact or contact restrictions:

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)
Has the young person been physically held in previous placements?

Summary of relationships with other adults & young people:

Identify any attachment difficulties the young person has:

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:

What are the main aims and objectives of this placement?

What transition plans have been put in place to prepare the young person for their move?

Education:

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

Describe any current Education attainment and difficulties:

What education provision will you be seeking alongside this placement? (mainstream, specialist EBD education, alternative education provision?)

Is the young person statemented?

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.

Other Details:

Hobbies and Interests of young person:

All other important/relevant information:

Placement Funding and Planning:

Has funding been agreed? Yes / No	Do you require any assessments (E.g. Psychotherapy Psychology : Yes / No Please specify _____
Invoice Address/Tel No/Contact Name:	
From which date is the placement required:	
What is the duration for which the placement is required?	

Contingency Plan:

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

1. 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.
2. Would you like the young person to be referred to our in house Play Therapist for 1:1 Play Therapy? Yes / No
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.
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I have completed this referral form with a view to placing the detailed young person with **Calcot Services for Children LTD**. 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 are 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 does not agree that 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 to the positive handling policy.

I understand that should a placement be agreed, I will complete the LAC's paperwork inline 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 host authority, Health Services and Education Department of their intent to place a Looked After Child at CSfC.

For monitoring purposes could you please tell us where you heard of Calcot Services for Children Ltd (Please underline)

- a. Charterhouse Group
- b. Community of Communities
- c. London Care Placements
- d. Have previously referred a young person to CSfC Ltd
- e. Word of Mouth
- f. attending an open day at CSfC Ltd
- g. Other : Please State _____