



Reparative Care Team

Referral Form

Childs Name:

Age:

What is happening right now that has made you ask for our help?

What support do you feel is needed?

What is going well for the child and their family/carers?

Background:

Please give us an overview of the child’s life; including significant events and information relating to birth parents.

What is the long-term care plan for this child?

Please list any other services previously or currently involved?

Please give a named contact person

Agency	Contact Person	Contact Details
E.g. PATS	John Smith	01481 723182

Family Composition:

Childs Full Name:		Known as:	
DOB:		Gender:	
Ethnicity:		Disability:	
Tel No:		First Language:	
Address:			
Post Code:			
School/ Employment:			
Is this child the subject of any legal order? (e.g. Care Requirement, Community Parenting Order, Adoption Order, Residence Order, Parental Responsibility Order, etc.)			

Who lives at home?

Full Name	DOB	Address	Relationship to Child

Birth Relatives (including siblings) and their contact arrangements:

Full Name	DOB	Address & Contact Number	Relationship to Child	Contact Arrangements Frequency and Type

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Referrers Details:

Name	Agency/Address	Contact Number	Relationship to Child

Referrers Signature:

Date of Referral:

Are the person(s) with parental responsibility for the child aware of this referral? YES/NO
 If no please provide details as to why they are not aware.

Please be aware that information from those with parental responsibility can greatly help with building a profile and care plan and we cannot operate without their agreement.

DISCLAIMER

The information you have provided on this form is required for the delivery of services held with the Reparative Care Team. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: gov.gg/hscprivacy. If you don't have access to the internet please contact us and a paper copy will be provided.

Please return this completed form to:
 Reparative Care Team
 Swissville
 Rohais
 St Peter Port
 GY1 1FB
Reparative.CareTeam@gov.gg
 01481 723182

A member of the Reparative Care Team will contact you in due course.