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| **CAMDEN FUTURES 2016 REFERRAL FORM** |

**For more information please contact Camden Futures on:**

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| **Date Received:** | | |
| **A REFERRER DETAILS** | | |
| **Contact Name: Job title:**  **Organisation Name:**  **Contact telephone Number: Mobile:**  **Email:**  **Address: Postcode:** | | |
| **B CAMDEN FUTURES ELIGIBILITY CHECKLIST**  Please check that you can tick yes to **all** of the questions 1 – 5 below. | | **YES** |
| **1** | **Is there a child between 0-18 years old?** |  |
| **2** | **Is the family living in Camden?** |  |
| **3** | **There are no other key workers, social workers or lead professionals providing intensive support to the whole family** |  |
| **4** | **The child(ren) in the family have or have experienced at least *one* of the following problems.** *You must be able to tick at least one of the following***:** | |
| a | Children displaying behavioural problems which make them or others vulnerable to harm or to statutory/criminal justice intervention |  |
| b | Children who are vulnerable because of emotional or mental health difficulties or the risk of mental health problems |  |
| c | Children experiencing bullying, isolation or damaging family relationships or worries about health |  |
| d | Children experience poor parenting skills |  |
| e | Child has a disability, long-term health problem, or special educational needs |  |
| **5** | **The parents/guardian in the family can be described as at least *one* of the following.**  *You must be able to tick at least one of the following:* | |
| a | Long-term unemployed,and /or experiencing financial difficulties |  |
| b | Having a disability, long-term health problem, depression, or special educational needs |  |
| c | Homeless, threatened with homelessness, or living in overcrowded housing |  |
| d | Single parent or recently separated families |  |
| e | Newly arrived in UK (within the last 12 months) |  |
| f | Refugee, traveller and black/ethnic minority communities |  |
| g | Experiencing drug and alcohol abuse |  |
| h | Experiencing domestic violence |  |

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| C FAMILY DETAILS | | | | | | | | | |
| PARENT/GUARDIAN | | | | | | | | | |
| Parent/Guardian’s Surname: | | | First Name: | | | | | | |
| Date of Birth: | | | | | | | | | |
| Address: Postcode: | | | | | | | | | |
| Telephone (Home): | | | Mobile: | | | | | | |
| Language(s) Spoken: | | | Ethnicity: | | | | | | |
| **Any disability or support needs:** | | | | | | | | | |
| **CHILDREN** | | | | | | | | | |
|  | **First Name** | **Surname** | | **Date of Birth** | | | | **Gender** | |
| **Eldest Child** |  |  | |  | | | |  | |
| **Child 2** |  |  | |  | | | |  | |
| **Child 3** |  |  | |  | | | |  | |
| **Child 4** |  |  | |  | | | |  | |
| **Child 5** |  |  | |  | | | |  | |
| **Language(s) Spoken:** | | | | | | | | | |
| **Ethnicity(ies):** | | | | | | | | | |
| **Any disabilities or support needs:** | | | | | | | | | |
| **D REFERRAL DETAILS** | | | | | | | | | |
| **What is the reason for the referral? (Please include any strengths that the family has or particular concerns.)** | | | | | | | | | |
| **Is there any other support that you think that would benefit the family?** | | | | | | | | | |
| **E PERMISSION** | | | | | | | | | |
| **Has the parent given you permission to make the referral?** | | | | | **Yes** |  | **No** | |  |
| **Can we contact the family directly?** | | | | | **Yes** |  | **No** | |  |
| **Signature of Referrer:** **Date:** | | | | | | | | | |

**RISK ASSESSMENT**

**3: Type of risk** (*Tick as many as apply*)

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| Schedule 1/Dangerous Offender\* |  |
| Verbal abuse |  |
| Aggressive or intimidating behaviour |  |
| Physical aggression/violence |  |
| Non-Cooperation with staff |  |
| Issues around mental illness |  |
| Issues around drug or alcohol use |  |
| Issues around street activity |  |
| Issues around criminal or anti-social behaviour |  |
| Discriminatory verbal abuse |  |
| Damage to property |  |
| History of rape or sexual assault |  |
| Accidental fire setting |  |
| Arson |  |
| Lone working considered unsafe |  |
| Female lone working considered unsafe |  |
| Hoarding |  |
| **Please use the space below to specify any risk factors linked to the behaviours identified above:** |  |
| **Risk to self:**  **Risk to others:**  **Issues raised in tick boxes:** |  |