**North Yorkshire Universal Referral Form**

A referral form for children in North Yorkshire. Please identify which service area you feel most appropriate to address the child’s needs (NB: Referrals will be screened and allocated by the Multi-Agency Screening Team):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Children Social Care** |  | **Disabled Children’s Service** |  | **Healthy Child Programme** |
|  | **Prevention Service** |  | **Prevent and Radicalisation** |  | **Unsure** |

**If you have concern that a child has suffered or is likely to suffer significant harm, call 01609 780780 to discuss your concerns, or call 999 and ask for the Police if you feel the child is at immediate risk. Following either instance complete this form to confirm your referral within 24 hours.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Section A: The child being referred**  (If you are referring more than one child, please complete one form per child) | | | | | | |
| Surname Name: |  | | | Forname(s): | |  |
| Date of Birth / Estimated Date of Delivery: |  | | | Gender: | | Male  Unknown  Female  Unborn |
| Address: |  | | | | | |
| Telephone Numbers: |  | | | NHS Number: | |  |
| GP Surgery: | |  |
| Child/young person’s ethnicity:  White British  White Irish  White any other background  Caribbean  African  Any other Black background  White and Black Caribbean | | | | White and Black African  Any other mixed background  Indian  Pakistani  Bangladeshi  Any other Asian background  Chinese  Any other Ethnic Group | | |
| Child’s first language or preferred means of communication: | |  | | Is an interpreter or signer required? | | No  Yes  *Details:* |
| Child’s Religion | |  | | Nationality: | |  |
| Immigration status: | |  | | | | |
| Is the child disabled? | | No | Yes | *Details:* | | |
| Is there a self-harm or suicidal behaviour concern? | | No | Yes | *Details:* | | |
| Is there a Child Sexual Exploitation concern? | | No | Yes | *Details:* | | |
| Is the child privately fostered?[***Definition found here***](http://www.safeguardingchildren.co.uk/admin/uploads/one-minute-guide/omg-private-fostering.pdf) | | | | No  Yes | | |
| Is the child adopted? | | No | Yes | |  | |

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| **Section B – Reason for referral** | |
| *Please give as much concise and evidence-based information as possible to help us in our assessment.* | |
| What are you worried about?  *(Reason for the referral)* |  |
| What is going well for the child? *(What support is currently in place?)* |  |
| What needs to change or would help this child? |  |

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| **Section C – Details of any children and adults within the child’s life.**  If you are referring a sibling of the child in Section A, please list them below and indicate that you are also referring them. | | | | | | | |
| Relationship to child in Sec A | Forename | Surname | Date of Birth | Referring this person? | Parental Responsibility? | Address | Contact  Number |
|  |  |  |  | Yes | Yes |  |  |
|  |  |  |  | Yes | Yes |  |  |
|  |  |  |  | Yes | Yes |  |  |
|  |  |  |  | Yes | Yes |  |  |

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| **Section D – Consent** | | | |
| *If a practitioner believes a child is at risk of significant harm they have a duty to make a referral. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence. For all other referrals consent should always be sought from an adult with parental responsibility for the child (or from the child themselves if they are competent) before passing information about them to relevant services.* | | | |
| *How has consent been obtained?* | Verbal | Not obtained  Reason: | Date consent obtained: |
| Written |
| *Have you informed the parent about the reason for this referral?* | Yes  No | *If yes, what is the Parent/Carer/Child’s view of the referral:* | |
| *Who has consent been obtained from* | Parent | Person with parental responsibility | Child themselves |

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| **Section E – Services working with the family** | | | | |
| Role | Full Name | Telephone | Email Address | Address and Postcode |
| Dentist |  |  |  |  |
| Health Visitor |  |  |  |  |
| Midwife |  |  |  |  |
| 5-19 Health Child Nurse |  |  |  |  |
| Education Provider |  |  |  |  |
| Youth Justice Service |  |  |  |  |
| Prevention Service |  |  |  |  |
| Paediatrician |  |  |  |  |
| Other, please specify: | | | | |
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| **Section F – Referrer’s details** | | | | | |
| Date of referral: |  | Time of referral: |  | Follow up to Call  New Referral | |
| Name of Referrer: |  | | | Role: |  |
| Agency Address: |  | | | | |
| Contact Number: |  | | | | |
| E-mail: |  | | | | |
| Other: | Any other relevant information to note | | | | |

**Please send the completed referral form to (Secure)** [**Children&families@northyorks.gcsx.gov.uk**](mailto:Children&families@northyorks.gcsx.gov.uk)

**If you are sending this referral form from a NYCC email you can send it to** [**Children&families@northyorks.gov.uk**](mailto:Children&families@northyorks.gov.uk)

**If you have access to an egress account, please send to** [**Children&families@northyorks.gov.uk**](mailto:Children&families@northyorks.gov.uk) **via egress. Do not send from egress to gcsx.**