

**Referral Form**

Ar Trac supports children and young people (5-16) who have experienced or witnessed domestic abuse and who are exhibiting difficulties with their family and peer relationships.

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| **Details of Referrer:** |
| **Name:**     | **Date of referral:**   |
| **Address:**  | **Job title:**  |
| **Tel:****Email:** |
| **Has informed consent been obtained from the Young Person/Child to make this referral:****Yes Verbal Written** **No If not, why not?**  |

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| **Details of Child/Young Person:**  |
| **Name:**  | **D.O.B:** | **Male** ☐**Female** ☐  |
| **Gender Identity?**  | **Sexual Orientation:** |
| **Ethnicity:** | **Religious Beliefs:** |
| **Is the CYP adopted or looked after? Is yes please give further details?**  |
| **Additional Support Needs:****e.g. Cognitive age**  | **Disability:** |
| **Address:****Tel:** |

Consent must be obtained from one parent/guardian.

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| **Family Composition:** |
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| **Status Within Family (e.g. Mother)** | **First name/s** | **Surname** | **DOB** | **Gender****M/F** | **Household Members** **Y/N** |
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| **Education Details:** |
| **Setting name:** | **Address:** | **Tel:** |

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| **Next of Kin details:** |
| **Details of next of kin/Emergency Contact-****Name: Relationship to CYP:****Address: D.O.B:**  **Contact telephone number/s:** |

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| **Perpetrator details:** |
| **Name:** | **D.O.B:** | **Relationship to CYP:** |
| **Contact arrangements: Address:****Yes: No: N/A:****Please give details:** |
| **Any vital background information:****Risk factors to the CYP:****Risk factors the support worker:** |

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| **Reason for Referral/Experience of Domestic Abuse** |
| **Reason for referral and CYP’s experience of domestic abuse (level of risk, length of exposure) - Please give details:** |
| **Has CYP been referred to or accessed specialist services?** **Yes:** ☐ **No:** ☐ **Please give details:** |
| **Does the CYP/Parent/Caregiver have any additional emotional and/or mental health needs?** **Yes:** ☐ **No:** ☐**Please give details:**   |

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| **Other Agencies Involved:** |
| **Organisation:** | **Worker Name:** | **Contact:** |
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| **Safeguarding:** |
| **Has the CYP been discussed at a MARAC? Yes** ☐ **No** ☐ **Date if known:** |
| **Has the CYP been involved with Child Protection Services? Yes** ☐ **No** ☐ |
| **Previous:** **Yes** ☐ **No** ☐**Please give details:** | **Current:** **Yes** ☐ **No** ☐ **Please give details:** |
| **Child Protection:** ☐ **CIN:** ☐ **LAC:** ☐ **Care order:** ☐ **Other (please state):** | **Physical:** ☐ **Emotional:** ☐ **Sexual:** ☐ **Neglect:** ☐ **Other (please state):** | **Child Protection:** ☐ **CIN:** ☐ **LAC:** ☐ **Care order:** ☐ **Other (please state):** | **Physical:** ☐ **Emotional:** ☐ **Sexual:** ☐ **Neglect:** ☐ **Other (please state):** |
| **Social Worker Details:** |
| **Name:** | **Location:** | **Tel:** | **Email:** |

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| **Are there any identified safety risks? (Animals, substance misuse, mental health etc)** **Yes:** ☐ **No:** ☐ **Please Specify:****Any risks to visiting property or from any other family member:** |

\*Please note that if the CYP will be undertaking any Break4Change group work or 1:1 support work, sibling violence support or any other perpetrator support then there will need to be additional paperwork to complete in support of this\*

**Please return hard copy of form, marked CONFIDENTIAL to:**

Women's Centre

16 Moira Terrace,

Adamsdown,

Cardiff, CF240EJ

**Or Please return electronically to:**

artrac@cardiffwomensaid.org.uk

**Any issues/questions telephone:**

029 2046 0566