

C.A.R.E. PARENT/ CARER Referral Form

Please submit your referrals by email to: CareFamilySupport@barnardos.org.uk

REFERRER'S DETAILS			
Name		Role	
Organisation		Email	
Telephone		Date of referral	
Does the parent/carer know the referral has been made?	YES / NO	Do you have the parent/carers consent to refer?	YES / NO

Parent/ Carer Information			
Full Name of Parent/ Carer:			
Relationship to the Young Person at risk:			
<input type="checkbox"/> Parent <input type="checkbox"/> Foster Carer <input type="checkbox"/> Special Guardian <input type="checkbox"/> Other Carer (please specify below)			
.....			
Email address (required):			
Home Address:			
Home Telephone:		Date of Birth:	
Mobile:		Ethnicity:	
Nationality:		Religion:	
Is English their first language?		Language:	
Learning disability			

Young person aged between 8-24?	YES / NO	Is the young person at medium/high risk or known to be currently exploited?	YES / NO
Young person lives in Essex (excluding Southend & Thurrock)?	YES / NO	Is the Young Person engaging	YES / NO
		Is the Parent/ Carer engaging	YES / NO
Does the Young Person live at the same address	YES / NO	Age of Young Person at risk	
Other children in household:			YES / NO
How many?		Age(s) of other children:	

Additional information	
Social Worker's name & contact details:	
Social care status of YP	A&I / CIN / CP / CLA / Care Experienced (Care Leaver) /YOS/ None
Is the Young Person due to be heard at MACE?	YES / NO
Any known risk factors? Please include info on the following: <ul style="list-style-type: none"> - Gang associations - Local area - Visiting the home - Risks to worker - Other 	

Type of support required:

Practical Emotional DICE referral (email address required)

Other (please specify): _____

Please explain reasons for referral:

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T: 01268 558448