

C.A.R.E Referral Form

REFERRER'S DETAILS:

Name		Role	
Organisation		Email	
Telephone		Date of referral	
Does the YP consent to the referral?	YES / NO	Does the parent/carer know the referral has been made?	YES / NO

YOUNG PERSON'S DETAILS:

<p>REFERRAL CRITERIA</p> <p>Young person aged between 8-24? YES / NO</p> <p>Young person lives in Essex (excluding Southend and Thurrock)? YES / NO</p>	<p>Is the young person at medium/high risk, or known to be currently exploited? YES / NO</p> <p>Is a CSE toolbox completed and attached? (found here: http://cse-toolbox.uk/) YES / NO</p>
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If you are unable to complete the CSE toolkit, please state why:

Please state how this young person meets the criteria 'unwilling or unable to engage with statutory services':

Name:		DOB:	
Gender:		Age:	
Address:			
YP Telephone:		Mobile:	
Ethnicity:		Religion:	
Nationality:		Language:	
Is English their first language?			
Sexuality			
Learning disability			
Education, training or employment details			

Parent/Guardian:			
Address (if different from above)		Parent/guardian Telephone:	
Other children in household:		How many?	
Details of the children:			
Social Worker's name and contact details:			
Social care status of YP	Assessment / CIN / CATSE/ CP / LAC / Leaving Care /YOT/ None		
Criminal Justice involvement details			
Gang association details			

Please explain reasons for referral:

Please submit your referrals by email to:
cse.referrals@childrenssociety.org.uk

T: 01245 493311 F: 01245 491400

We acknowledge the receipt of all referrals with an automated email within 24 hours.