

Referral Form

IF YOU HAVE IMMEDIATE CONCERNS ABOUT THE SAFETY OF THESE CHILDREN PLEASE CONTACT CHILD YOUTH & FAMILY IMMEDIATELY ON 0508 FAMILY (0508 326459)

FOR BARNARDOS OFFICE USE ONLY

Referral received by	Date referral received	Referral allocated to	Date referral allocated
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Child and family information

COMPLETE ONE FORM PER FAMILY

The Barnardos LEAP service provides support and interventions to vulnerable children and families. The purpose of the service is to keep vulnerable children and their families safe and reduce the risk of maltreatment particularly where there are complex and multiple needs.

CHILD/EN DETAILS					
Family Name	First Name	DOB DD/MM/YY	Gender	Ethnicity	Country of birth

CONTACT DETAILS WHERE CHILD/REN LIVE			
CARER ONE			
Family name	First name		
DOB DD/MM/YY	Ethnicity	Relationship to child	
Language spoken at home	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unit no./ Street no./ Street	Town/ City		
Postcode	Home phone no.	Mobile phone no.	Work phone no.
Email address	Preferred method of contact		
CARER TWO			
Family name	First name		
DOB DD/MM/YY	Ethnicity	Relationship to child	
	Home phone no.	Mobile phone no.	
Email address			
Indicate who is aware of this referral <input type="checkbox"/> Carer one <input type="checkbox"/> Carer two			

Details of other people living at the child's address	
Name	Relationship to child e.g. Maternal G/parent

Details of other significant people in child's life NOT living at child's address	
Name	Relationship to child e.g. Maternal G/parent

Referrer/ referral agency information

REASON FOR REFERRAL

Please TICK which of the following vulnerability categories are present and detail the supporting evidence.

Vulnerability category	Evidence that this vulnerability is present	Provide further details, or other evidence, relating to this vulnerability category
Family Violence (FV)	Current Protection Order (PO) <input type="checkbox"/>	
	Police callouts for FV in last 12 months <input type="checkbox"/>	
	Injury to protected person and/or child from FV incident <input type="checkbox"/>	
	FV incident or breach of PO in last 12 months <input type="checkbox"/>	
Parental mental health issues	Diagnosis of adult mental health condition <input type="checkbox"/>	
	Acute symptoms of adult mental health condition <input type="checkbox"/>	
	Compulsory Assessment and Treatment Order <input type="checkbox"/>	
Alcohol or drug misuse	Criminal conviction for drug or alcohol <input type="checkbox"/>	
	Acute symptoms of drug or alcohol abuse <input type="checkbox"/>	
	Orders for detention and treatment under the Alcoholism and Drug Addiction Act <input type="checkbox"/>	
Neglect or emotional abuse	Substantiated finding of child abuse <input type="checkbox"/>	
Child has significant health issues or disability	Diagnosis of significant child health condition or disability <input type="checkbox"/>	
	Multiple health or disability issues <input type="checkbox"/>	
Risk of or actual statutory involvement	Multiple notifications in the last 12 months <input type="checkbox"/>	
	FGC convened in the last 12 months <input type="checkbox"/>	
	Is or has been in state care <input type="checkbox"/>	

CHILD/EN DETAILS

Please explain what you have noticed about the child/ren that suggests to you they are vulnerable

OTHER AGENCIES KNOWN TO BE INVOLVED WITH THE CHILD/REN OR FAMILY

SOCIOECONOMIC 'AT HIGHER RISK' FACTORS

Parenting alone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Young parent (< 20 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Young parent between 20 and 25 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Parent has been in statutory care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Parent with a criminal conviction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Family on income tested benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Temporary housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

INTERVENTION SOUGHT

(if known) Indicate which LEAP service package size you are seeking for this family

LEAP Targeted (10) LEAP Intensive (40)

Please tell us what you are asking Barnardos LEAP service to deliver for the referred family

LIST ANY DOCUMENTS ATTACHED

Statutory referral - Tuituia attached

Yes No

REFERRED BY

Persons name

Job Title

Agency name

CONTACT DETAILS OF REFERRER:

Mobile phone no.

Work phone no.

FAX no.

Email address

Date of referral

Postal address

Postcode

BARNARDOS USE ONLY

OUTCOME: L 1. L 2. DNC.

Does not meet criteria

Intake Assessor