**Referral Form for Positive Relationship Programme**



 \*\***ALL SECTIONS OF THE FORM NEED TO BE COMPLETED IN DETAIL\*\***

**The information on this form remains confidential to KDAC unless child protection or police issues arise where we are obliged to forward relevant information only**

 **Criteria for girls aged 11-15 years**

 (Please tick):

|  |  |
| --- | --- |
| * Looked after children and children in need (age 11-15)
* Girls aged 11- 15 excluded and missing from education
* Girls aged 11-15 with a conduct disorder and low attainment
* Girls who are already parents and/or have experienced domestic abuse
 | * Girls who have learning disabilities and are in mainstream education
* Girls who have siblings that are teenage parents and/or who have entered into coercive and violent relationships
* Girls who have witnessed or experienced domestic abuse within the family home
 |

 **Office Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Referral |  | Rec’d | Start date | Completion date | Criteria metY/N |
| Referring agency |  |
| Contact name:  | Contact role:  |
| Contact number: | Contact email:  |
| Name of young person:  | DOB:  | Age: |
| Name of parent/carer | DOB:  | Age: |
| Address:  | Permission to write?  |
| Home phone number: | Permission to phone  | Permission to leave a message  |
| Mobile Number: | Permission to phone  | Permission to leave a message  |
| Is the child/young person currently living with abuse? | Y | N |
| Other agencies currently/previously involved: | Reason for involvement: |
| Assessments:CAF YES/NO Date: CP Plan YES/NO Date:  MARAC YES/NO Date: CHIN YES/NO Date:  STATEMENTED YES/NO Date: CAMHS YES/NO Date:  |
| Reason for referral (including any other details you feel are relevant, use separate sheet if necessary): |
| Ethnicity....................................................... Disability/ learning disability YES/NO |
| School of referred young person:  | Address:  | Contact name: Same as above | Contact telephone number:Same as above |
| Does Young Person consent to referral? | Yes |  |
| Parental/Carer permission provided to referrer:  | Yes |  |

**Return To: Block G, Chaucer Technology School, Spring Lane, Canterbury CT1 1SU.**

 **Tel/Fax: 01227 452852**

**Mail to: admin@risingsunkent.com www.risingsunkent.com**