

Referral Form

Please complete all sections as comprehensively as possible. In the event of an agreed placement, the information will be shared with the young person referred.

The information will be used as follows:

- To assess whether a satisfactory placement can be found
- To begin development of an individual care plan for the young person referred
- To enable our residential care team to work successfully with the young person, addressing the issues you have identified and agreed in consultation with the young person and any significant others.

FAILURE TO SHARE INFORMATION KNOWN TO YOUR DEPARTMENT COULD JEOPARDISE THE SAFETY AND WELL-BEING OF THIS YOUNG PERSON AND OTHERS.

Information about the Young Person

Full Name	
Date of Birth	
Current Address & postcode	
Tel.	
Gender	
Height	
Weight / Build	
Ethnic Origin	
Religion (practicing / non)	

Accommodation History

Current legal status
Length of time accommodated/in care
Original reason for admission

Information about the family

Mother's/Guardian's name:	Father's/Guardian's name:
	Current Address: Tel.

Siblings

Name(s)	
Age (s)	
Address	
Current level of contact between young person and family	
Any significant others	
Any instructions regarding contact	

Educational Status

Current Educational details
Any learning details/special needs

Medical History

Relevant medical details

Is the young person prescribed any medication?
Any allergies?
Does the young person have any specific, on-going health needs?
Has the young person been seen by a psychiatrist or psychologist?
Does the young person have any mental health provision that is likely to continue at St Hill House?

Offending History

Last offence	Dates
Previous offence	Dates
Previous sentences	
Outstanding court dates/orders	
Any bail/remand conditions	
PSR due? Yes/no	Likely dates
Does the young person have a history of seeking police intervention or dialling 999?	
Does the young person have a history of taking cars without consent?	

Safety Concerns

Does the young person have a history of any of the following problems?

Please add your comments (including details of frequency of problem, and current state of the difficulty)

Problem:	Comments
Fire setting?	
Sexual exploitation?	
Absconding?	

Staff assaults?	
Self harm?	
Predatory sexual behaviour?	
Is the young person a schedule one offender?	
Other (please state)	

Present Situation

Current attitude/level of self esteem
Likely effect on peer group
Likely attitude towards staff, male/female
Ability to adapt to new situations
Ability to communicate (verbally or otherwise)
Interests/hobbies
Willingness to participate in structured individual programme
Experience of outdoor activities

Positive Comments Regarding Young Person

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Social Work Requirements

In what way can this placement help the young person to develop?
How do you think the young person will respond to this placement?
Has the young person a current Pathway Plan?
What is the current long-term plan for this young person?
Has the young person an independent visitor or advocate?
What are the specific areas & behaviours you would like us to address?
What would you like the young person to achieve from this placement?

Referrers Details

Name (please print)	
Position	
Agency	
Address	
Tel. No.	
Fax No.	
E-mail address	
Signed	

Any Additional Information

St Hill House

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