Child & Young Person Referral Form

**Referrer Information:-**

Name:

Date:

Agency or relationship to child/young person:

Is C/YP aware that you are making a referral to us?

**Child/ Young Person Information:-**

Name:

D.O.B: School:

Child Protection: (please tick if appropriate)

**Perpetrator’s Information:-**

Name:

Address:

Postcode:

Contact arrangements with C/YP:

**Mother’s Information: -**

Name:

Address:

Postcode:

Tel. No\*:

Mobile No\*:

(\*Only if it is safe to use and is checked daily)

Is C/YP currently experiencing domestic abuse?

Please briefly summarise your reasons for referral-

**Child DOB/Age Additional Needs**

**Named Person:-**

Name: Agency:

Contact No:

**Background Information**:-

Information provided here will help the C/YP Support Workers decide on the appropriate support for this child/young person at this time.

**Brief history:**

**Include any abusive incidents C/YP has witnessed and/or is aware of:**

 Can you tell us where you heard about our service?

Referral given to:

Date:

Mother/ Father/ Carer’s Signature:

C/YP Signature:

Please send completed form via email to: info@caswa.org.uk

Or via post to:

CASWA, Alba,

VGES Building,

Main Street, Golspie,

Sutherland,

KW10 6TG.