Referral Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | | | | |
| Name |  | | | | |
| Date of birth |  | | | | |
| Male/Female |  | | | | |
| Ethnicity |  | | | | |
| Language |  | | | | |
| Interpreter required? | Yes/No | | | | |
| Address  Postcode |  | | | | |
| Phone number |  | | | | |
| Nursery name |  | | | | |
| Name of person completing form |  | | | | |
| Date started at nursery |  | | | | |
| Main carer(s) name |  | | | | |
| Parental responsibility/legal custody |  | | | | |
| Parent address(es) and contact number(s) |  | | | | |
| Parent aware of referral?  State reason | Yes/No | | | | |
| Child aware of referral (where age/stage appropriate)?  State reason | Yes/No | | | | |
| Any other relevant information (e.g. GP, health visitor) |  | | | | |
| Reason for referral. Include as much detail as possible and continue on a separate sheet if necessary |  | | | | |
| Date, time and place of incident |  | | | | |
| Category of concern (please circle) | Physical | Sexual | Emotional | Neglect | Other |
| Who have you spoken to and what was said? |  | | | | |
| State action taken and when |  | | | | |
| Have you informed the statutory child protection authorities? | Police yes/no (delete as appropriate)  Date and time:  Name and phone number of person you spoke to:  Local authority children’s social care: yes/ no (delete as appropriate)  Date and time:  Name and phone number of person you spoke to:  Action agreed with child protection authorities (if applicable) | | | | |
| Staff signature  Print name |  | | | | |
| Manager signature  Print name |  | | | | |
| Where appropriate:  Parent signature(s)  Parent name(s) |  | | | | |