

Case Number:
Allocated to:

SUFFOLK FAMILY GROUP CONFERENCING SERVICE

REFERRAL FORM

Children or Young Person/Young People being referred (extra sheet available)

Name of child/young person			Address		
Ethnic Origin		Boy		Compass ID	
Date of Birth		Girl		Phone number	

Name of child/young person			Address		
Ethnic Origin		Boy		Compass ID	
Date of Birth		Girl		Phone number	

Name of child/young person			Address		
Ethnic Origin		Boy		Compass ID	
Date of Birth		Girl		Phone number	

Parents/Carers/Siblings/Very Important People (extra sheet available)

Name of parent/carer	Relationship	Address	
		Phone number	
Name of parent/carer	Relationship	Address	
		Phone number	
Name of parent/carer	Relationship	Address	
		Phone number	

Please Indicate which categories are appropriate - indicate primary category

CATEGORY OR CATEGORIES	Please Indicate which categories are appropriate Please tick any relevant boxes				
10 Accommodation <input type="checkbox"/>	11 C/YP Needing Accommodation <input type="checkbox"/>	12 C/YP at risk of needing accommodation <input type="checkbox"/>	13 CYP looked after <input type="checkbox"/>	14 C/YP Looked After returning home <input type="checkbox"/>	15 CYP leaving care <input type="checkbox"/>
20 Child Protection <input type="checkbox"/>	21 CYP sub to Child Protection Plan <input type="checkbox"/>	22 CYP at risk of registration <input type="checkbox"/>	23 Domestic abuse <input type="checkbox"/>	24 Bullying <input type="checkbox"/>	
30 Education <input type="checkbox"/>	31 Child Excluded from school <input type="checkbox"/>	32 Child at risk of exclusion from school <input type="checkbox"/>	33 School Attendance <input type="checkbox"/>	34 Transition <input type="checkbox"/>	
40 Family support <input type="checkbox"/>	41 CYP in family under stress <input type="checkbox"/>	42 Alcohol/drug addiction in family <input type="checkbox"/>	43 Mental health problems in family <input type="checkbox"/>	44 Difficulties arising from divorce/ sep <input type="checkbox"/>	45 Young carer <input type="checkbox"/>
50 Behavioural difficulties <input type="checkbox"/>	51 Anti-social or criminal behaviour <input type="checkbox"/>	52 Substance abuse <input type="checkbox"/>	53 Self-esteem <input type="checkbox"/>	54 Bereavement <input type="checkbox"/>	55 General behavioural difficulties <input type="checkbox"/>
60 Diversity <input type="checkbox"/>	61 Disability <input type="checkbox"/>	62 Race <input type="checkbox"/>	63 Sexuality <input type="checkbox"/>	64 Culture <input type="checkbox"/>	
Other <input type="checkbox"/>	Specify:				

Are there, or do you have child protection concerns in relation to this case, yes or no?	YES / NO
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If yes, please indicate nature of concerns

Is this/are these child/ren young person/people currently under any statutory order? If so please indicate which Act and Section and identify any specific conditions or requirements of that order/those orders

If there are any issues not highlighted on this form that the FGC practitioner needs to be aware of before first contact with the family e.g. danger of violence, please specify below:

Any other comments:

Please return completed form:

Post:

Suffolk FGC Service
The Kingsfield Centre,
Chilton Way,
Stowmarket,
IP14 1SZ

By Fax: 01449 626274

IMPORTANT - PLEASE NOTE BEFORE FAXING:

For Information Security purposes, please call us on 01449 626262/61 before you fax the form, so that we can ensure someone is available to receive the fax. We will then call if the fax doesn't arrive.

If you have any questions about this form or Family Group Conferencing, please call Hilary Cheesman or Russ Edwards on 01449 626261/62 or e-mail russ.edwards@scf.suffolkcc.gov.uk