|  |  |
| --- | --- |
| **Return completed form to:****Attach.Team@oxfordshire.gov.uk****Or post it to:-****Oxfordshire County Council****The ATTACH Team****Union Street Children’s Services****Union St****Oxford OX4 1JP** | LOGO |
| ATTACH Team Referral Form |

***STRICTLY CONFIDENTIAL: NOT TO BE SHARED WITHOUT EXPRESS PERMISSION OF THE AUTHOR***

|  |  |
| --- | --- |
| **Date of request** |  |

**Reason for request**

|  |
| --- |
|  |

**Referrer’s details**

|  |
| --- |
| **Name:** **Workplace:****Telephone:****Email:****Role:**  |

**Young person's details**

|  |
| --- |
| **Name:****Date of birth:** **Gender:****First language:****Current Legal Status:****Current address:****If not an Oxfordshire child, give name of placing authority:****Has Y.P agreed to this request?**[ ]  Yes [ ]  No [ ]  N/A |

**Ethnicity (please underline or circle one) :-**

|  |  |
| --- | --- |
| White Scottish/English/Welsh/Northern Irish/BritishWhite IrishWhite Gypsy or Irish TravellerAny other White BackgroundWhite and Black CaribbeanWhite and Black AfricanWhite and AsianAny Other Mixed/Multiple Ethnic BackgroundIndian | PakistaniBangladeshiChineseAny other Asian BackgroundAfricanCaribbeanAny other Black/African/Caribbean backgroundArab |

**Main Carer**

|  |
| --- |
| **Name:****Date of birth:** **Relationship:****Current address:****Full address:** **Contact telephone numbers:** **Email address:**[ ]  IFA (Independent Fostering Agency) [ ]  Local Authority |

**Siblings**

|  |
| --- |
| **Names Ages Sibling living with young person? Yes/No/Not known**  |

**Schooling**

|  |
| --- |
| **School name:****School address:****If on reduced timetable indicate number of hours:****Number of exclusions:****Education Development Needs:****Does the child have an SEN or EHC Plan?** [ ]  **Yes** [ ]  **No**  |

**GP**

|  |
| --- |
| **Name & address of Child/Yp's GP:****Surgery telephone no.:** |

**PCAMHS/CAMHS**

|  |
| --- |
| [x]  **Current** [ ]  **Past** [ ]  **Planned****Pcamhs/Camhs telephone no.:****Pcamhs/Camhs contact name:** |

**Other agencies**

|  |
| --- |
| **Name:**[ ]  **Current** [ ]  **Past** [ ]  **Planned****Telephone no.:****Contact name:** |

**Reason for the service request**

|  |
| --- |
| [ ]  **Improve stability to foster placement**[ ]  **Improve stability to adoptive family**[ ]  **Improve stability to SGO family**[ ]  **Complex case assessment**[ ]  **Nurturing Attachments group**[ ]  **Non-Violent Resistance (NVR) Group**[ ]  **Emotions Group**[ ]  **Attachment Stories Group****Please outline briefly how you think the service could help:** |

**Plan and timescales**

|  |
| --- |
| **Intervention required:****Planned outcomes:****Are the carers aware of this referral?**[ ]  Yes [ ]  No [ ]  N/A |

**Other information**

|  |
| --- |
|  |