|  |  |
| --- | --- |
| **Return completed form to:**  [**Attach.Team@oxfordshire.gov.uk**](mailto: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**

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**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/British  White Irish  White Gypsy or Irish Traveller  Any other White Background  White and Black Caribbean  White and Black African  White and Asian  Any Other Mixed/Multiple Ethnic Background  Indian | Pakistani  Bangladeshi  Chinese  Any other Asian Background  African  Caribbean  Any other Black/African/Caribbean background  Arab |

**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**

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| --- |
| **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**

|  |
| --- |
| **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**

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| --- |
| **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**

|  |
| --- |
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