**Referral will be assessed and the appropriate level of support will be identified and fed back to the referrer. The result may be a referral to another area of the service or to another external service and by completing this referral form you are consenting to your information being shared with other relevant partners.**

|  |  |  |
| --- | --- | --- |
| Name of Parent/Carer: |  | |
| Address: |  | |
| Is it safe to write to this address? | Yes | No |

|  |  |
| --- | --- |
| Parent/Carers Email Address: |  |
| Safe contact number and time to contact: |  |

|  |  |
| --- | --- |
| Is a Translator required, if so which language? |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child/Young Person’s Name: | DOB: | Support required ***(Yes or No)*** | School/ College: | Pregnant ***(Yes or No)*** | Address ***(if different from above)*** | Gender: | Disabilities: | Ethnicity: |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Referrers Name: |  |
| Agency: |  |
| Contact Number: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Other Agencies involved, if so include details: |  |

|  |  |
| --- | --- |
| Perpetrators Name & Address: |  |

|  |
| --- |
| **CAF, CIN or CHILD PROTECTION PROVIDE DETAILS:** |

|  |  |
| --- | --- |
| Information about each individual child/young person’s experience of domestic abuse |  |
| What is the current primary concern? |  |
| What outcome would you like for the family? |  |
| Is anyone in the family harming others or in intimate relationships where there is harm? Give details. Include any risk to professionals |  |
| What work has already been done with the child/young person, by who and when? |  |
| **CONSENT & COMMITTMENT** | |

|  |  |  |
| --- | --- | --- |
| Has the parent/carer consented and contributed to this referral? | Yes | No |
| Will the parent/carer ensure attendance and availability of the child/young person? | Yes | No |

|  |  |
| --- | --- |
| How will you as the referrer support this to happen? |  |

|  |
| --- |
| **VOICE OF THE CHILD/YOUNG PERSON** |

|  |  |  |  |
| --- | --- | --- | --- |
| Has the child/young person contributed to this referral? | | Yes | No |
| Share their view, what they want from this referral? |  | | |

|  |  |  |
| --- | --- | --- |
| Has the young person (12’s) consented to this referral? | Yes | No |

**Send Referral Form to** [bridges@jigsawhomes.org.uk](mailto:bridges@jigsawhomes.org.uk)