



## FACT PROJECT

# REFERRAL FORM

Is the Family/Young Person aware of and in agreement with the referral being made?

Yes  No  *If no please contact the Service Manager before proceeding*

If you are aware or unsure if the referral is open to Social Services i.e. Child Protection Register, LAC? *Please contact the Service Manager before proceeding*

### CHILD / YOUNG PERSONS DETAILS

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female   
 Name of Parents/Carer: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_  
 School Attended: \_\_\_\_\_  
 Disability: Yes  No  *If Yes please specify*

Does the child have any additional learning needs? Yes  No   
*If yes, please specify*

Is the child of the Child Protection Register? Yes  No   
*If yes, please specify under which category* \_\_\_\_\_ *Date of case conference* \_\_\_\_\_

Is the Child a 'Looked after Child'? Yes  No

Is the Child a 'Child in Need'? Yes  No

Are there any prevalent risk issues to Staff/Other? Yes  No   
*If yes, please specify*

## FAMILY DETAILS

How many people are currently living at the above address: \_\_\_\_\_

### Sibling Details:

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home: Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home: Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home: Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home: Yes  No

Have you made previous FACT referrals for this family? Yes  No

*If Yes, please provide further information:*

## INTERVENTIONS PREVIOUSLY TRIED

## OTHER AGENCY INVOLVEMENT

Contact Name/Agency	Contact Details

## REASONS FOR YOUR REFERRAL

Please use bullet points to identify the key issues/barriers that the family are currently facing.  
Please highlight what interventions you would like FACT to address

	KEY ISSUE	HOW CAN FACT HELP ADDRESS THIS?
1.		
2.		
3.		
4.		
5.		
6.		

Do the family agree with these issues?

Yes

No

## **STRENGTHS / NEEDS AND ADDITIONAL INFORMATION**

### **FAMILY ENVIRONMENT**

*e.g. Parental discipline, history of domestic abuse, extended family support, employment, availability of drugs, safe and healthy environment, praise and encouragement, bereavement, sleeping arrangements, relationship breakdown*

### **CHILD/YOUNG PERSON DEVELOPMENT**

*e.g. Family relationships, friendships, emotional and behavioural development, confidence and self esteem, bullying, being bullied, anti social behaviour, perceptions of self, communication, positive behaviour, isolation, medication the child requires*

### **CHILD/YOUNG PERSON'S LEARNING**

*e.g. Engagement in school, attendance, participation, access to appropriate resources, ambition, confidence, motivation, imaginative play and interaction, organised, basic and key skills, truancy, exclusions*

### **CHILD'S COMMUNITY/SOCIAL INTERACTION**

*e.g. High unemployment, crime, anti social behaviour in the area, peer groups, social networks and relationships, leisure facilities and activities, availability of drugs*

## REFERRING PARTY DETAILS

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Role with Family: \_\_\_\_\_

## CONSENT

I consent to the referral being made to Families First FACT

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to me and my child(ren).

I understand that in order to provide services this information may be shared with a variety of agencies including health, education and social care.

Signature of Parent/Child: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Referrer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please note that we cannot accept any referrals without written consent\*\***

Return by Post:  
FACT Project  
Cadoxton House  
Belle Vue Terrace  
Barry  
CF63 2JQ

Scan & secure email:  
[FACT@valeofglamorgan.gov.uk](mailto:FACT@valeofglamorgan.gov.uk)  
Telephone: 01446 729640