



POTTON GROUP

WHERE CHILDREN AND  
FAMILIES MATTER

## Potton Kare Services Appropriate Adult Referral

**Please complete all sections of this form**

### Please provide details of the young person being referred

Local Authority ID Number	Forename	Surname	DOB	Gender/Identifies as (pronoun)	Ethnicity	Religion	Language

### Home/Temporary Placement Address Including Postcode

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### Parents/carers Details (if applicable)

Relationship	Name	Contact Number	Gender/Identifies as (pronoun)	Ethnicity	Language

### Foster/temporary Carer Details (if applicable)

Relationship	Name	Contact Number	Language

### Communication: Any Special Communication Needs?

Yes/No (delete as appropriate)	If yes please provide details:

### Referral Details

Name of Referrer	Role of Referrer	Contact Number	Email	Name of Authorising Manager

### History of Case and Current Situation/Reason for Support Being Required

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Days/dates required	Time required (if flexible please provide guideline – <i>eg, anytime between 7am-6pm</i> )	Length of time required**
<b>Frequency (please specify, weekly, monthly, one off etc)</b>		

<b>Risk Assessment</b>		
	Y/N	<b>If YES, please provide details</b> <i>e.g. whether this is current or historical</i>
<p><b>Has the young person displayed any sexualised/challenging behaviour?</b></p> <p><b>Has the young person shown aggression towards other children or to adults?</b></p> <p><b>Are there any other risks that may be posed by the young person that the worker need to be aware of?</b></p>		

<b>Please provide details of where invoices for this service should be sent</b> <b>(Please note, referral will not be accepted if this section is not completed)</b>	
<b>Name</b>	
<b>Role</b>	
<b>Department</b>	
<b>Email</b>	
<b>Telephone number</b>	

<b>Authorisation</b>	
<b>Signed (referrer)</b>	
<b>Date</b>	
<b>Signed (Authorizing Manager)</b>	
<b>Date</b>	