



POTTON GROUP

WHERE CHILDREN AND  
FAMILIES MATTER

## Potton Kare Services Independent Social Worker Referral

**Please complete all sections of this form**

### Please provide details of all children/young people being referred

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

### Home Address Including Postcode

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### Parents/carers Details

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

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

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### Assessment Details

Type of assessment required (eg, PAMS, Parenting, SGO etc)	Preferred assessment start date	Date for final report to be filed	Name/relationship to child of person/s being assessed.	Ages of all children involved in the assessment?

### Additional Information

**Please give details of any additional information that the ISW should be aware of  
(For example, dates for mid-way meetings)**

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### Risk Assessment - Child

	Y/N	If YES, please provide details <i>e.g. whether this is current or historical</i>	If YES, how would you like this to be managed by the worker?
<p><b>Has the young person/child(ren) displayed any sexualised/challenging behaviour?</b></p> <p><b>Has the young person/child(ren) 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/child(ren) that the ISW need to be aware of?</b></p>			

### Risk Assessment – Adult/s

	Y/N	If YES, please provide details <i>e.g. whether this is current or historical</i>	If YES, how would you like this to be managed by the worker?
<p><b>Does any adult residing in the home have issues of alcohol, solvent, or other substance misuse?</b></p> <p><b>Has any adult residing in the home ever displayed sexualised behaviour towards children or adults?</b></p>			
<p><b>Has any adult residing in the home ever displayed physical threats or violence towards a professional?</b></p> <p><b>Has any adult residing in the home ever displayed verbal or racist abuse towards a professional?</b></p> <p><b>Is any adult residing in the home engaging in, or have a history of, criminal activity?</b></p> <p><b>Are there any other risks that may be posed by any adult residing in the home that the ISW need to be aware of?</b></p>			

**Please provide details of where invoices for this service should be sent  
(Please note, referral will not be accepted if this section is not completed)**

<b>Name</b>	
<b>Role</b>	
<b>Department</b>	
<b>Email</b>	
<b>Telephone number</b>	

**Authorisation**

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