



POTTON GROUP

WHERE CHILDREN AND
FAMILIES MATTER

Potton Services Referral Form

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 of the child/YP

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Legal status

Sec 20,
Sec 31,
ICO
Other

Parents/Carers Details

Relationship	Name	Contact Number	Do you hold PR	Gender/Identifies as (pronoun)	Ethnicity	Language

Temporary/Placement address

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Is this address confidential? (delete as appropriate)

Yes/No

Foster/Temporary Carer Details				
Relationship	Name	Do you hold PR	Contact Number	Language

Communication: Any Special Communication Needs?	
Yes/No	If yes please provide details of what form of communication is used: BSL? PEC's? BSL? Object of reference? Facial expression? Other?

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

Please give details of the child's diagnosis

History of Case and Current Situation

Potton Services Ltd. Registered in England and Wales No: 10846128
Registered Address:6-8 Southernhay, Basildon SS14 1EL



Provider ID 1-4936990921

Reason for Support Being Required

Risk that may affect the young person and what triggers their behavior

Promoting independence and realistic outcomes

Young person's view and what is important to them

What makes them happy

What are the young person's hopes and dreams

Doctors details

Name:

Address:

Telephone Number:

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Name of social worker

Social worker Name:

Telephone number:

Email address:

Department:

Placing Authority

Name:

Duty number:

Support Details

****Please note, our minimum charge is 1 hour**

Days/dates visits are required	Time visits are required (if flexible please provide guideline – eg, anytime between 7am-6pm)	Length of visit/s required**	Announced or Unannounced?	Are parents/carers aware of this referral?

Frequency of visits (please specify, weekly, monthly, one off etc)

Service Requirement

Proposed start date

Proposed end/review date

Work to be undertaken

What is Potton Services role in this package?

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Regulated by



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Registered/Statutory Status: Please give details of name of child/young person, dates, category (if known). Y/N	Date:	Information:
Any child in family is/has been on the child protection plan?		
Any child or other family member is/has been looked after by a local authority?		<u>Order:</u>
Any child in the family has a disability?		<u>Specify</u>
Any child in the family a Child in Care?		<u>Order:</u>
Any child in the family a Child in Need?		
Any Current criminal proceedings?		<u>Name:</u>

Risk and Vulnerability Issues

Is it safe to visit the young person/Family at home? YES
 Has the young person / family displayed any of the following behaviors? NO

Verbally abusive behavior	Unpredictability due to substance misuse
Violent offences /behavior	Unpredictability due to mental health issues
Verbal abuse /threats towards agency staff	Sexual offences /sexually inappropriate behavior
Physical violence towards agency staff	Self-harm /attempted suicide
Racist /homophobic abuse or other hate crime	Other

Please Provide Details:

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)

Name	
Role	
Department	
Email	
Telephone number	

Authorisation

Signed (referrer)	
Date	
Signed (Authorizing Manager)	
Date	

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