

## CYP Referral Form

Please complete all sections of this referral form. We ask you to identify what service you feel is required – the CYP team will screen each referral and may feel that a different service strand is more suitable.

This form should be returned to [cyp@edinwomensaid.co.uk](mailto:cyp@edinwomensaid.co.uk)

### Service being requested

CYP Outreach		Refuge support	
Art Therapy		Court advocacy	

### Main parent / carer details

Name of main parent / carer	
Are they a current /recent service user of EWA?	
Address of main parent / carer	
Is this address safe?	
Contact telephone number/s	
Is the number/s safe?	
Contact email address	
Is the Email address safe?	
Any relevant communication needs to be considered?	

### Background information

<p><b>Brief Family History and family make up:</b> <i>Please include relevant history which has impacted on the child and family. It is also useful to describe who lives in the family home, the wider issues such as tenancies and support networks.</i></p>
<p>Have there been recent Child Protection issues:</p>
<p><b>Risk Assessment</b> <i>please include any relevant information for family safety and / or staff safety:</i></p>

**Details of individual children being referred**

<b>Child's Name</b>	
<b>DOB</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Address if different to above</b>	
<b>ELC setting / School:</b> <ul style="list-style-type: none"> <li>• <b>Setting name</b></li> <li>• <b>Setting Address</b></li> <li>• <b>Year / class</b></li> <li>• <b>School contact name &amp; telephone / email</b></li> </ul>	
<b>Additional Support needs</b>	
<b>Relationship to perpetrator</b>	
<b>Does the child have contact with perpetrator (specify timescales/days of week)</b>	
<b>Main Reason for referral</b>	
<b>What are the desired outcomes?</b>	

**Details of individual children being referred**

<b>Child's Name</b>	
<b>DOB</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Address if different to above</b>	
<b>ELC setting / School:</b> <ul style="list-style-type: none"> <li>• <b>Setting name</b></li> <li>• <b>Setting Address</b></li> <li>• <b>Year / class</b></li> <li>• <b>School contact name &amp; telephone / email</b></li> </ul>	
<b>Additional Support needs</b>	
<b>Relationship to perpetrator</b>	
<b>Does the child have contact with perpetrator (specify timescales/days of week)</b>	
<b>Main Reason for referral</b>	
<b>What are the desired outcomes?</b>	

**Details of individual children being referred**

<b>Child's Name</b>	
<b>DOB</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Address if different to above</b>	
<b>ELC setting / School:</b> <ul style="list-style-type: none"> <li>• Setting name</li> <li>• Setting Address</li> <li>• Year / class</li> <li>• School contact name &amp; telephone / email</li> </ul>	
<b>Additional Support needs</b>	
<b>Relationship to perpetrator</b>	
<b>Does the child have contact with perpetrator (specify timescales/days of week)</b>	
<b>Main Reason for referral</b>	
<b>What are the desired outcomes?</b>	

**Agencies currently involved**

	<b>Please tick</b>	<b>Who is the involvement with (family unit / parent/ individual child)</b>	
<b>Children and Families SW</b>			<i>Please specify is allocated or duty</i>
<b>Police</b>			
<b>NHS (not universal provision)</b>			<i>Please specify service</i>
<b>CAMHS</b>			
<b>Reporters Office</b>			
<b>Education (not universal provision)</b>			<i>Please specify service</i>
<b>Third Sector</b>			<i>Please specify service</i>
<b>Other</b>			

**Referrers Details**

<b>Name of Referrer</b>	
<b>Agency and role</b>	

<b>Contact telephone number</b>	
<b>Contact email address</b>	
<b>Please tick to confirm that the child is aware of the support available and has consented for the referral to be made on their behalf</b> <i>(the referral will not be accepted unless the child has given consent)</i>	
<b>Signature</b>	
<b>Date of referral</b>	