



PLEASE FILL IN THIS FORM WITH THE FAMILY

1. The Family

A. Child/ren's subject to referral

	Name	DOB	Address	Legal Status
1.				
2.				
3.				
4.				
5.				

B. Other Child/ren's

	Name	DOB	Address	Legal Status
1.				
2.				
3.				
4.				
5.				

C. Parents / Carers

	Name	DOB	Address	Legal Status
1.				
2.				
3.				
4.				
5.				

D. Other family members and important friends or neighbours

1.	
2.	
3.	



2. The Professional Network

A. Referrers Details

Name	Telephone / Fax No.	Address
	Tel: Fax:	

B. Social Worker Details (if different)

Position	Name	Address	Telephone / Fax No.
			Tel: Fax:

C. Supervising Team Leader

Name	Telephone No.	Address

D. Other professionals working with the family (e.g. Children Guardian, Health Visitor, GP, Teachers, Family Centre)

Position	Name	Address	Telephone No.



3. The Children's Status

A. Are the children currently on the Child Protection Register

Yes / No

Details of Registration

Date	Category of Registration:

4. Additional Family Details

A. How does the family describe their ethnic background?

B. Please indicate any particular religious/cultural beliefs that may need to be considered.

C. Is there any disability for which provision needs to be made for?

D. Is there any significant history of physical and/or mental illness. This should include health issues (e.g. child with asthma)



E. Are there any relevant psychiatric/psychological assessments? We will need to see these reports.

F. Please give details of any drug or alcohol abuse.

G. Is there any relevant criminal record, including incidents or violence or arson?

5. Family Background

Please give a brief history of the family and causes for concern (past & present). This might include a genogram and significant personal and family history.



[Empty rectangular box for additional details]

6. Additional Details of the Children

Please give brief (pen picture) of each child. (Personality, emotional social and intellectual development. Significant attachments. Health concerns if not otherwise given.

[Empty rectangular box for child details]



Is there any other relevant information? (Reports should be sent as appropriate e.g. Court Reports)

7. Other information

Note Families and/or Social Workers may visit Foci center before a formal referral is made if this would be helpful.

Any comments parents would like add? (e.g. expectations and concerns about being referred to Foci)

What is the referrer expecting from Foci centre



Is there anyone – in the family’s personal and professional network who is unhappy about the referral to Foci centre.

Foci Centre has a policy of client access to their records. Please signify that you are prepared to allow all information to be disclosed to the client. If there is information not to be shared, it will be held in a confidential section of the file and will not be disclosed without your permission.

Foci Centre operates an Equal Opportunities Policy and aims to respect religions, cultural, social and sexual differences. Parents are asked to respect others beliefs and practices.

Signature(s) of Parent(s): _____ **Date:** _____

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