



Confidential

Life story work referral form

Registered Charity No. 1128669

Child or young person's details

First name

Surname

Gender

Date of birth

Mother's name

Who holds parental
responsibility?

Father's name

Main carer

Siblings names and ages

CYP's Address

Postcode

Telephone

Email address

Referrer's name

Contact details

Client code

Referral date

Ethnicity

White

Black

Asian

Mixed

Chinese

Other Ethnic group

Prefer not to state

English speaking

Disability

Yes

No

Yes

No

GP Name and Address

Post code

Behavioural problems

Yes

No

Additional needs

Are there any risks / concerns regarding CYP's mental Health?

Yes

No

If yes, please provide details

Are there any risks / concerns regarding suicidal thoughts or behaviours?

Yes

No

If yes, please provide details

Are there any risks / concerns regarding self-harm?

Yes

No

If yes, please provide details

Has the CYP received Social care?

Yes No

Is CYP subject to a care order?

Yes No

Category of abuse

Child in care status - if relevant

PLEASE PROVIDE:

An accurate and up-to-date chronology - Detailing placements, carers and significant events that have occurred during the CYP's life to date.

A Genogram - Detailing the CYP's family structure

A copy of CYP's Birth Certificate

Permission for Franchesca Rose, Life Story Worker, to access information held by your agency in order to ensure accurate facts are reflected in the CYP's Life Story Book

Signed

Position

If not a looked after child, please provide a list of significant events, in date order, that occurred during CYP's life to date

Other agency involvement and contact details

What help has CYP received so far?

Parents / carers expectations of Life Story Work for CYP

Referrers expectations of Life Story Work for CYP

List schools attended

Any other relevant information

Has CYP agreed to attend?

Yes No

Is CYP aware of our service and what we offer?

Yes No

Agree to 14 sessions and review? - (Number of sessions may be extended once agreed.)

Yes No

** For self funding referrals a signature is required from the budget holder before this form is processed.*

Referrer signature

Referrer Name

Date

Parent / Carer signature

Parent / Carer Name

Date

Senior Manager signature

Senior Manager Name

Date

PLEASE RETURN BY EMAIL OR POST TO: CLEAR, PARK HOUSE, THREEMILESTONE INDUSTRIAL ESTATE,
TRURO, CORNWALL TR4 9LD

Email: f.rose@clearsupport.net

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