



REFERRAL FORM

All information submitted on this form will be treated as strictly confidential. Once we have received the form one of our Managers will contact you regarding a potential placement.

To discuss a referral with us, or should you require any assistance in completing this form, please contact the Manager at:

Majestic Family Services
The Laurels
16 Freemans Road
Minster
Kent
CT12 4EL

Telephone: 01843 821188

Email: info@majesticfs.co.uk

Family's name: _____

Your name: _____

Your contact number: _____

Your e-mail address: _____

What type of assessment is required? (delete as appropriate)

Residential Assessment / Community Assessment

How many parents are involved in the referral? _____

How many children are involved in the referral? _____

In addition to completing all the information on this form, please also attach any reports or relevant documents that will assist us in undertaking a decision.

CHILD'S DETAILS (please duplicate this sheet if more than one child)

Full name	
Date of birth/EDD	
Gender	
Address if not in parent's care	
Legal conditions/orders relating to the child	

CHILD'S GUARDIAN & LEGAL REPRESENTATIVE

Full name	
Telephone no.	
Address	
E-mail address	
Guardian's Solicitor	
Office phone no.	
Office fax no.	
E-mail address	
Office Address	

CHILD'S DETAILS – Please provide further details if any box marked 'Yes' (please duplicate box if more than one child)

Age	
Ethnicity	
Religion	
No. of times spent in alternative Care or remained in parent's care?	
Has the child experienced significant loss? (please give details)	
Give a brief outline of the child, including any known emotional or behavioural difficulties and positive points	
Drug withdrawal treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Witnessed domestic abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health problems (please include details of any medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of physical abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of emotional abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No

History of sexual abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT'S DETAILS

	Mother	Father
Full name		
Date of birth		
Gender		
Address		
Mobile no.		
Relationship to child		

PARENT'S LEGAL REPRESENTATIVE

	Mother	Father
Solicitor		
Office phone no.		
Office fax no.		
E-mail address		
Office Address		

PARENT'S DETAILS - Please provide further details if any box marked 'yes'

	Mother
Ethnicity	
Language	
Religion	
Previous assessments undertaken (including dates)	
Has the parent any other children who are not in their care	Please give details if yes.
Has the parent experienced significant loss, relationship breakdown recently? (If Yes Please give Details)	
Learning disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No

Anger Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please specify if it is known whether the parent has ever been violent towards professionals)
Offending/crim. behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug/Alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please include any treatment programmes)
Co-operation with professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other disabilities/health issues (please include details of any medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of time in care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of physical abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of sexual abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of emotional abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Father	
Ethnicity		
Language		
Religion		
Previous assessments undertaken (including dates)		
Has the parent any other children who are not in their care	Please give details if yes	
Has the parent experienced significant loss, relationship breakdown recently? (If Yes Please give Details)		
Learning disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anger Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please specify if it is known whether the parent has ever been violent towards professionals)
Offending/crim. behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug/Alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please include any treatment programmes)
Co-operation with professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other disabilities/health issues (please include details of any medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of time in care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of physical abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of sexual abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of emotional abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	

History of neglect Yes No

SOCIAL WORKER INFORMATION (if the parent also has a social worker, please duplicate the following nine rows below)

Full name	
Office phone no.	
Office fax no.	
E-mail address	
Office Address	
Emergency Duty Team no.	
Local Authority	
Team Manager	
Is the child and/ or parent subject to CP Plan/PLO/CRP	
Funding Agreed (yes/no)	
Details of legal findings against parent(s) – if any	
Reasons for referral – please give a description of the situation and what you are wishing Majestic to provide	

History of Social Care involvement including details of all professionals involved

Is the Child or Parent Receiving Full Time Education/Training or on other programmes? (if yes, please give details)

Is the child or parent subject to looked after child procedures or receiving a service from the Leaving Care Team

The assessment is required to address the issues of...

When are you hoping for the placement to commence? As soon as possible Yes No
 Or
 Date:

LOCAL AUTHORITY LEGAL REPRESENTATIVE

Solicitor	
Office phone no.	
Office fax no.	
E-mail address	
Office Address	
Court dates	
Final court hearing	

DETAILS OF SIGNIFICANT OTHERS

Details of any further children (including details of where placed if not with parents) or family members who are not involved in the assessment.

WOULD THERE BE CONTACT FOR OTHER FAMILY MEMBERS THAT WOULD NEED TO BE SUPERVISED BY MAJESTIC

IF ONE PARENT IS TO BE PART OF THE ASSESSMENT BUT NOT RESIDE AT THE CENTRE, PLEASE DETAIL NOW OFTEN HE/ SHE WILL VISIT IF KNOW AT THIS STAGE

CONFIRMATION

I confirm that all the information given on this form is accurate and to the best of my knowledge.

SIGNED _____

POSITION _____

PRINT NAME:

DATE:
