



**MAJESTIC FAMILY SERVICES**

**REFERRAL FORM**

Thank you for referring to Majestic Family Services. Could we kindly request that you complete this form as fully as possible. The more detail we have, the better able we are to make a swift decision in terms of whether we are able to offer a placement.

**Referrer's details**

<b>Referrer Name:</b>	
<b>Job title:</b>	
<b>Referrer Tel Number:</b>	
<b>Referrer Email:</b>	
<b>Local Authority for the child being referred:</b>	
<b>Social Worker for the child:</b>	
<b>Team Manager:</b>	
<b>Placement Team contact:</b>	
<b>Date Placement Required:</b>	
<b>Length of placement requested:</b>	

**Information regarding the child/ children you are referring:**

	<b>Child 1</b>	<b>Child 2</b>
<b>Forename</b>		
<b>Surname</b>		
<b>Date of birth</b>		
<b>Gender</b>	M/F	M/F
<b>Nationality</b>		
<b>Ethnicity</b>		
<b>Religion</b>		
<b>Child Legal Status</b>		
<b>Child Protection Plan</b>	Y/N Category	Y/N Category

Does the child currently attend school or nursery		
Education/ SEN Statement		
Where does the child currently reside and who with?		
Does the child have any diagnosed health needs? If so, please state including any medication		
Does the child present with any aggressive behavior towards other children		
Give a brief outline of the child, including any known emotional or behavioural difficulties and positive points		
Has the child experienced significant loss? (please give details)		

Information regarding the parent(s) you are referring:

<b>Parent 1</b>	
Relationship to child/ren	
Gender	
Forename	
Surname	
Date of birth	
Address	
Tel number	
Nationality	
First Language	
Immigration Status	
Ethnicity	
Fluent in English. Please state if an interpreter is required (this would not be provided by Majestic)	
Interpreter required	
Has the parent any other children who are not in their care? If not where are the children residing ie. with another parent/ foster care/ external family/ adopted	
Parental Responsibility	
<b>Parent 2</b>	
Relationship to child/ren	
Gender	
Forename	
Surname	
Date of birth	
Address	
Tel number	
Nationality	
First Language	
Immigration Status	
Ethnicity	

<b>Fluent in English.</b> Please state if an interpreter is required (this would not be provided by Majestic)	
<b>Interpreter required</b>	
<b>Has the parent any other children who are not in their care?</b> If not where are the children residing ie. with another parent/ foster care/ external family/ adopted	
<b>Parental Responsibility</b>	

<b>Local Authority details:</b>	<b>Name</b>	<b>Telephone</b>	<b>Email address</b>
Social Worker			
Team Manager			
OOH team			

<b>Legal Representatives</b>	<b>Name</b>	<b>Tel Number</b>	<b>E Mail</b>
Local Authority Solicitor			
Mother's Solicitor			
Father's Solicitor			
Childrens Guardian			

<b>Names of other professionals involved with the family</b>	<b>Role</b>	<b>Tel Number</b>	<b>E Mail</b>

<b>Risk factors</b> Please circle current risk levels 1 (lowest risk) to 5 (very high risk)	<b>Mother</b>	<b>Father</b>	<b>Child 1</b>	<b>Child 2</b>
<b>History of or current mental health including any diagnosis</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5
<b>Self harming/ suicide attempts</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5
<b>Identified Learning needs</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5

<b>Substance misuse</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5
<b>Arson</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5
<b>Absconding</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5
<b>Homelessness</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5		
<b>Presents or has a history of presenting with volatile/ verbally aggressive/ physically aggressive behavior/ use of weapons</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5
<b>History of previous NAI</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5		
<b>Perpetrator of domestic violence</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5		
<b>Victim of or witness to domestic violence</b>	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5

Any convictions	Yes/ No/ Not known Details: Risk level 1 2 3 4 5	Yes/ No/ Not known Details: Risk level 1 2 3 4 5		
History of being in the care system	Yes/ No/ Not known Details:	Yes/ No/ Not known Details:	Yes/ No/ Not known Details:	Yes/ No/ Not known Details:
Previous children removed from the parents' care	Yes/ No/ Not known Details:	Yes/ No/ Not known Details:		

<p><b>Reason for requesting a residential parenting assessment for this family:</b> (Please provide as much information as possible)</p>

<b>Service being requested</b>	<b>Yes/ No</b>
Residential parenting assessment of one child and one parent	Yes/ No
Residential parenting assessment of two parents and one child	Yes/No
Residential assessment of one parent and one child	Yes/ No

with a community based assessment of a non residing parent	
Other type of family composition	Yes/ No
Supervised contact £35 per hour (2 hours per week is included in the weekly fee)	Yes/ No

### **COVID- 19**

Please note that all new placements are requesting COVID tests prior to entering placement. In some cases, testing once in the unit may also be necessary. Majestic will expect the referrer to arrange tests for any family prior to their arrival. In cases where an additional test is also needed upon arrival, Majestic will take responsibility for arranging this test.

### **Financial considerations**

Please note that if the family's benefits/ income is not in place at the start of the placement, Majestic will not be able to provide financial assistance. We would expect that any financial support that may be needed for the family is provided by the Local Authority.

<b>Referrer Name</b>	<b>Position/ Department</b>	<b>Signed</b>	<b>Date</b>