



City of London Corporation

# Multi-Agency Referral Form

**CONFIDENTIAL**

Notes for use: Please complete this form **electronically**; the text boxes will expand to fit your text.

**The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998.**

## Agency completing

Name of worker		Date of referral	
Agency		Role of person completing referral	
Address		Phone	
Postcode		Email	

## Child or young person's details

Forename(s)		Ethnicity	
Surname(s)		Gender	
Home address		Date of Birth / EDD	
		NHS No.	
		School Unique Pupil Number	
		Phone	
		Email	

## Family members' details

Name	Date of birth	Gender	Ethnicity	Relationship to the child

**Overview of agency involvement with child/family including information of attendance/engagement with your service**

**Has a CAF been completed?**

Yes

No

If yes, please attach to this referral form

**What are you worried about?**

(Please state the name of the child if you have any specific concerns about one particular child)

**Past harm to children**

Please include: action/behaviour - who, what, where, when; severity; incidence and impact

**Future danger for children**

What are you worried is going to happen to the child if the current situation does not change? (Related to past and future harm)

**Complicating factors**

Factors which make the situation more difficult to resolve

**What is working well?**

Existing strengths

Existing safety /protection: The strengths sustained over time, directly related to the danger

**What needs to happen?**

Future safety/protection/safety goals (When will things be safe enough? What do you want to see parents/carers doing to make the child safe?)

**Parent and child's views**

## Next steps

What can you / your agency contribute to a plan to keep the child safe? What are the next steps to be taken to achieve the safety goals?

Signature of person completing referral

If applicable, signature of designated CP person/manager for agency authorising the report

Every effort should be made to obtain parental consent (verbally or in writing) and share this referral with those who have parental responsibility unless it is not appropriate to do so. In circumstances where this is not possible, please state the reason below, and make attempts to inform of content verbally.

Have those with parental responsibility viewed/had verbal feedback of this referral?

No

Yes

How?

If possible, please obtain signatures of those with legal parental responsibility who have viewed/had verbal feedback of the report

.....

.....

Date:

**It is the responsibility of all agencies who are making enquiries and/or making referrals about a child or children to obtain consent from those with parental responsibility and inform the parents/carers that they are making a referral to Children's Social Care (unless to do so would leave a child at risk).**

**Agencies should make the referral to the Children and Families team by telephone: 020 7332 3621 / 1620 / 3394**

**This form should be saved with password protection and emailed to:**

**[DCCSDutyF&YPTeam@cityoflondon.gov.uk](mailto:DCCSDutyF&YPTeam@cityoflondon.gov.uk)**