

Referral Form

Ar Trac supports children and young people (5-16) who have experienced or witnessed domestic abuse and who are exhibiting difficulties with their family and peer relationships.

Consent must be obtained from one parent/guardian.

Details of Referrer:	
Name:	Date of referral:
Address:	Job title:
Tel:	
Email:	
Has informed consent been obtained from the Young Person/Child to make this referral:	
Yes <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/>	
No <input type="checkbox"/> If not, why not? <input type="text"/>	

Details of Child/Young Person:		
Name:	D.O.B:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Gender Identity?	Sexual Orientation:	
Ethnicity:	Religious Beliefs:	
Is the CYP adopted or looked after? Is yes please give further details?		
Additional Support Needs: e.g. Cognitive age	Disability:	
Address:		
Tel:		

Family Composition:

Status Within Family (e.g. Mother)	First name/s	Surname	DOB	Gender M/F	Household Members Y/N

Education Details:

Setting name:	Address:	Tel:
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Next of Kin details:**Details of next of kin/Emergency Contact-****Name:****Relationship to CYP:****Address:****D.O.B:****Contact telephone number/s:****Perpetrator details:****Name:****D.O.B:****Relationship to CYP:****Contact arrangements:****Yes: No: N/A:****Please give details:****Address:**

Any vital background information:

Risk factors to the CYP:

Risk factors the support worker:

Reason for Referral/Experience of Domestic Abuse

Reason for referral and CYP's experience of domestic abuse (level of risk, length of exposure) - Please give details:

Has CYP been referred to or accessed specialist services? Yes: ☐ No: ☐ Please give details:

Does the CYP/Parent/Caregiver have any additional emotional and/or mental health needs?

Yes: ☐ No: ☐

Please give details:

Safeguarding:			
Has the CYP been discussed at a MARAC? Yes <input type="checkbox"/> No <input type="checkbox"/> Date if known:			
Has the CYP been involved with Child Protection Services? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous: Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:		Current: Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:	
Child Protection: <input type="checkbox"/> CIN: <input type="checkbox"/> LAC: <input type="checkbox"/> Care order: <input type="checkbox"/> Other (please state):	Physical: <input type="checkbox"/> Emotional: <input type="checkbox"/> Sexual: <input type="checkbox"/> Neglect: <input type="checkbox"/> Other (please state):	Child Protection: <input type="checkbox"/> CIN: <input type="checkbox"/> LAC: <input type="checkbox"/> Care order: <input type="checkbox"/> Other (please state):	Physical: <input type="checkbox"/> Emotional: <input type="checkbox"/> Sexual: <input type="checkbox"/> Neglect: <input type="checkbox"/> Other (please state):
Social Worker Details:			
Name:	Location:	Tel:	Email:

Other Agencies Involved:		
Organisation:	Worker Name:	Contact:

Are there any identified safety risks? (Animals, substance misuse, mental health etc)

Yes: ☐ **No:** ☐ **Please Specify:**

Any risks to visiting property or from any other family member:

Please note that if the CYP will be undertaking any Break4Change group work or 1:1 support work, sibling violence support or any other perpetrator support then there will need to be additional paperwork to complete in support of this

Please return hard copy of form, marked

CONFIDENTIAL to:

Women's Centre
16 Moira Terrace,
Adamsdown,
Cardiff, CF240EJ

Or Please return electronically to:

artrac@cardiffwomensaid.org.uk

Any issues/questions telephone:

029 2046 0566