# REQUEST FOR ASSISTANCE

# Children & Young People’s Referral Form

### Please complete the following form to refer a child to Monklands Women’s Aid CYP service.

### 1. Referrer Details

Name:

Role/Job Title:

Agency/Organisation:

Contact Number:

Email Address:

Date of Referral:

Is the parent/carer aware of this referral? (Yes/No)

Has the child/young person been made aware of this referral? (Yes/No)

### 2. Child or Young Person’s Details

Full Name:

Date of Birth:

Gender:

Address:

School/Nursery:

Nationality:

Any disability or additional support needs:

### 3. Parent/Carer Details

Name(s):

Relationship to Child:

Contact Number(s):

Is the parent/carer receiving support from Monklands Women’s Aid? (Yes/No/Not Sure)

### 4. Reason for Referral

Please provide as much detail as possible about the child/young person’s circumstances, concerns, risks, or presenting needs:

Description of current situation:

Impact on the child/young person (emotional, behavioural, educational, social):

Child’s understanding of the situation:

Any ongoing risks or concerns?

### 5. Support Required / Desired Outcomes

One-to-one support

Group work/youth group

### 6. Agencies Involved

Please list any current or past involvement with other agencies such as social work, education, CAMHS, etc.:

Name of agency:

Involvement & contact name (if known)

### 7. Consent and Confidentiality

Has consent been given by parent/carer for this referral? (Yes/No/Explain):

Has the child/young person given consent, where appropriate? (Yes/No/Explain):

Are there any issues around consent or information sharing we should be aware of?

### 8. Risk Information (if applicable)

Are there any current risks to the child or others?

Are there any safety concerns for staff when engaging with the family (e.g. perp in the home)?

Is there a current Child Protection Plan or Child’s Plan? (Yes/No/Not Sure)

### 9. Additional Information

Any other relevant background or information:

Preferred method of contact for parent/carer: