**Keyworker Services Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Information** | | | | | | | | | | | | | | | | | |
| **Date Referral Received** | | | | | |  | | | | | | | | | | | |
| **Allocation Date** | | | | | |  | | | | | | | | | | | |
| **Referral Decision** | | | | | |  | | | | | | | | | | | |
| **Child/Young Persons Details** | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | Forename/s: | | | | | | | | | | |
| Title: | Gender: | | | | | | Date of Birth: | | | | | Ethnicity: | | | | | |
| Address: | | | | | | | | | | | | Language spoken:  Is an interpreter  required? | | | | | |
| Postcode: | | | Telephone Number (Young person): | | | | | E-mail Address (Young person): | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NHS Number**:(if known) |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | |
| **Client’s General Practitioner (GP)** | | | | | | | | | | | | | | | | | |
| Initial | | Surname | | | Surgery address: | | | | | | | | | | Telephone No: | | |
| **Child/ Young Person’s needs:** Please tick | | | | | | | | | | | | | | | **Yes** | | **No** |
| Autism diagnosis | | | | | | | | | | | | | | |  | |  |
| Learning Disability | | | | | | | | | | | | | | |  | |  |
| **Please add any further information:** | | | | | | | | | | | | | | |  | | |
| **Communication methods:** | | | | | | | | | | | | | | |  | | |
| **Any reasonable adjustments required? (If yes, please state)** | | | | | | | | | | | | | | |  | | |
| **Details of Educational placement** | | | | | | | | | | | **Contact** | | | | | **Telephone** | |
| **Does the child have: (**Please tick) | | | | | | | | | | | | | **Yes** | | | | **No** |
| EHCP | | | | | | | | | | | | |  | | | |  |
| SEN support (school based) | | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Is there any Social Care Involvement?** (Please tick) | | | | | | | | | | | | | **Yes** | | | | **No** |
| Family Support/Early Help | | | | | | | | | | | | |  | | | |  |
| Child in Need (Section 17) | | | | | | | | | | | | |  | | | |  |
| Child Protection Plan | | | | | | | | | | | | |  | | | |  |
| Child Looked After (please add status below) | | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Currently living**: **(**Please tick) | | | | | | | | | | | | | **Yes** | | | | **No** |
| Residential School | | | | | | | | | | | | |  | | | |  |
| Inpatient- ongoing | | | | | | | | | | | | |  | | | |  |
| Inpatient – discharge planning | | | | | | | | | | | | |  | | | |  |
| At home – with family or independent | | | | | | | | | | | | |  | | | |  |
| Placement (Please add details below) | | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Dynamic Support Register: (**Please tick) | | | | | | | | | | | | | **Yes** | | | | **No** |
| Red | | | | | | | | | | | | |  | | | |  |
| Amber | | | | | | | | | | | | |  | | | |  |
| Green | | | | | | | | | | | | |  | | | |  |
| Not known | | | | | | | | | | | | |  | | | |  |
| **Parent/Carers Support Details:** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Relationship to client: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| Postcode: | | | | Telephone Number: | | | | | E-mail Address: | | | | | | | | |
| Any additional details (such as is this a child in need, details of PR, any reasonable adjustments required to meet parent/carer needs?) | | | | | | | | | | | | | | | | | |
| **Referral Details:** | | | | | | | | | | | | | | | | | |
| Date of referral: | | | |  | | | | | | | | | | | | | |
| **Referrers Contact Details:** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Relationship to client/designation: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| Postcode: | | | | Telephone Number: | | | | | E-mail Address: | | | | | | | | |
| Are you the lead professional that holds/ manages the responsibility for risk? If not please provide details and identify if the lead professional is aware of the referral to the Humber and North Yorkshire Keyworker Service | | | | | | | | |  | | | | | | | | |
| **Reason for referral:** | | | | | | | | | | | | | | | | | |
| Please provide details of the presenting situation | | | | | | | | | | | | | | | | | |
| Other Agencies/Professionals involved, dates and details of any relevant meetings such as CETR | | | | | | | | | | | | | | | | | |
| **Referrers hopes for the outcome:** | | | | | | | | | | | | | | | | | |
| Please provide details of the presenting situation | | | | | | | | | | | | | | | | | |
| **(Please tick)** | | | | | | | | | | | | | | | **Yes** | | **No** |
| Is the child or young person aware of the referral? | | | | | | | | | | | | | | |
| Have they provided consent to this referral? | | | | | | | | | | | | | | |
| Parent /Carers are aware of the referral? | | | | | | | | | | | | | | |
| Have they provided consent to this referral? | | | | | | | | | | | | | | |
| I have spoken to the………………………(Young Person /Parent carer) and he/she is happy to be contacted by Humber and North Yorkshire Keyworker Service to understand more about how the service may assist.  The……………………. (Young person/parent/Carer) is also happy to discuss details of his/her case with the organisations mentioned below to ensure he/she only has to 'tell their story once’ in order to assist the allocated Keyworker to plan for initial contact.  To make sure you receive the best possible care, records are kept about your health and social care needs and any treatment or services we provide. These can be kept both electronically and on paper. This information will be used to manage the care you receive and may include information from other health organisations such as your GP. Everyone working within the health and social care service has a legal duty to keep information about you confidential. | | | | | | | | | | | | | | | | | |
| **Risk Assessment:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Yes | | No | | | | Unknown | | | |
| Are their any risk to the child & young person, staff or others? | | | | | | | |  | |  | | | |  | | | |
| Are there any risk assessments/safety plan in place | | | | | | | |  | |  | | | |  | | | |
| Please identify if there are any other risks to be considered and any contingency plans: | | | | | | | | | | | | | | | | | |
| Date of Referral form completed…………………………………………………………….  Completed by (print name)…………...………………………………………………………  (signed by)……………………………………………………………………. | | | | | | | | | | | | | | | | | |
| **To avoid delay, please ensure that the form is fully completed;**  **otherwise it will be returned to you, thank you.**  **Should you have any queries please contact the**  **Humber and North Yorkshire Keyworker Service on:**  **Telephone number: 01482 205425 / Email: hnf-tr.keyworkerenquiries@nhs.net** | | | | | | | | | | | | | | | | | |
| **Please forward the consent form by email to Keyworker Enquiries:**  [**hnf-tr.keyworkerenquiries@nhs.net**](mailto:hnf-tr.keyworkerenquiries@nhs.net) | | | | | | | | | | | | | | | | | |