

PLACEMENT REFERRAL FORM

About the child / young person			
Child / young person's full name			What does the child / young person prefer to be called?
Date of Birth	Age	Male / Female	Current placement address Tel. No. Fax No.
Ethnic / racial origin:			Religion: Practising / nominal:
With which culture does the child / young person most identify:			Has the child / young person any recorded offences / cautions / outstanding criminal matters? Please give details:
Current legal status under Children Act 1989: Accommodated / Interim Care Order / Full Care Order, or other, - please give details:			Other relevant orders:

About the child / young person's mother		About the child / young person's father	
Date of Birth:	Ethnic / racial origin:	Date of Birth:	Ethnic / racial origin:
Address:		Address:	
Tel. No.		Tel. No.	

Who has parental responsibility?

Child / young person's siblings*Include full siblings, half siblings and step siblings*

Name: Date of Birth: Address :	Name: Date of Birth: Address :	Name: Date of Birth: Address :
Relationship:	Relationship:	Relationship:
Name: Date of Birth : Address :	Name: Date of Birth: Address:	Name: Date of Birth: Address:
Relationship:	Relationship:	Relationship:

Any other significant adults

Name: Address:	Name: Address:
Tel. No. Relationship:	Tel. No. Relationship:

Placement History*Please give brief details of all placements since the child / young person has been 'looked after'.*

Dates	Name of establishment, address, contact name	Type of provision	Reason for leaving

Education provision		<i>Details of education provision / schools attended</i>	
Dates	Name of establishment, address, contact name	Type of provision	Reasons for leaving

Contact arrangements		<i>Significant people whom the child / young person should maintain contact with during their placement with us</i>	
Name :	Address :	Contact details :	
Tel. No.	Relationship :		
Name :	Address ;	Contact details :	
Tel. No.	Relationship :		
Name :	Address :	Contact details :	
Tel. No.	Relationship :		
Name :	Address :	Contact details :	
Tel. No.	Relationship :		
Please state if there is anyone with whom the child / young person should have contact restricted? Please give details :			

Care Plan	Programme
<p><i>State the long term plan for the child / young person. Include any proposed placement moves.</i></p>	<p><i>State which service you require to be consistent with this care plan? (Please tick)</i></p> <ul style="list-style-type: none"> • Serenity Children's Home <p>Any other comments / requirements in respect of the above services :</p>
Child's wishes	Parents' wishes
<p><i>It is important that the child / young person is receptive to our policies of care and support,- and that they are given information about Moorland View services (see www.serenity-homes.co.uk)</i></p>	<p><i>At Serenity Specialist Care we aim to work with parents. We encourage visits and parental involvement when deemed appropriate.</i></p>
<p>What awareness has the child / young person of this referral?</p>	

Risk assessment <p style="text-align: right;"><i>We will be carrying out a risk assessment to assess the level of supervision / support and action to be taken if the child / young person goes missing.</i></p>		
<p>Has the child / young person previously been missing from home or care?</p>	<p>Outcomes of previous absconding :</p>	<p>Potential risk to him / herself and or others :</p>
<p>Any significant factors or vulnerabilities?</p>		<p>Is there any specific action you wish us to take?</p>

The child / young person's health needs		Child / young person's NHS number
Child / young person's GP Name : Address : Tel. No.	Child / young person's dentist Name : Address : Tel. No.	His / her general health (include details of any disability)
State any ongoing health conditions e.g. asthma, misusing substances, smoking	State any significant illnesses / significant accidents or injuries	Is any ongoing treatment anticipated?
Any aids or appliances e.g. spectacles, hearing aid :		Any known dietary needs or restrictions? Any known allergies?

Other needs	Any special hobbies or leisure interests. Any needs arising from ethnic / racial origin, culture, religion, disability etc?
Please state any requirements or needs specific to this young person :	

Any additional comments :

Serenity Specialist Care will confirm participation on return of this section duly signed by an authorised signatory.

The information in pages 1 – 5 of the REFERRAL FORM is part of this contract.

Terms and conditions for placement		
Child / young person's name	Date of Birth	Child / young person's reference number
Social Worker		Social Services Finance Officer
Proposed commencement date		

1. **ADDITIONAL SERVICES:** Where additional services are required (e.g. extra staffing) they will be agreed in writing with the referring authority and an additional charge may be made.
2. **ALLOWANCES:** The fees include pocket money, bonus payments, telephone allowances and provision for Christmas / birthdays etc.
3. **CLOTHING:** Clothing on admission remains the responsibility of the referring authority. However all children / young people are expected to have an adequate supply of clothing and footwear with them at the commencement of their placement. If they do not, Serenity will purchase the missing items and bill the referring authority after having gained authorisation. Following admission a monthly allowance will be given for clothing.
4. **MEDICAL HEALTH NEEDS:** Medicals are the responsibility of the referring authority. All medical conditions must be mentioned on the referral form.
5. **SAFETY EQUIPMENT / CLOTHING:** Serenity will provide all clothing and / or safety equipment required for any outdoor education or recreational use of the child / young person.
6. **LEGAL COSTS:** The referring authority is responsible for the cost of any legal representation / court appearances for the young person.
7. **PERSONAL POSSESSIONS / CRIMINAL DAMAGE:** Moorland View Ltd does not accept responsibility for personal possessions lost, stolen or damaged unless this is due to the negligence / breach of duty of our staff. We reserve the right to bill the referring authority for theft / damage by the child / young person.
8. **RESERVED PLACES:** When the child / young person is absent from the placement, for whatever reason, full fees remain payable.

9. **INFORMATION:** It is the responsibility of the referring authority to insure that the information in this Referral Form is accurate and comprehensive and that all information is communicated to us in a timely fashion. Where material information has been withheld / not communicated we may, at our absolute discretion, terminate this placement, or this contract forthwith.
10. **NOTICE PERIOD:** Without prejudice to clause 9 above, we may withdraw the child from the placement giving no less than twenty-four hours notice. Any balance of fees due to the referring authority will be paid within 28 days.
11. **VARIATIONS TO CONTRACT:** Any variations to these terms and conditions must be in writing and signed by both parties.
12. **QUALITY ASSURANCE:** It is the policy of Serenity to continuously review and improve all aspects of service provision. Should you have any concerns in relation to the placement, please contact the Manager and your concerns will be investigated and responded to.

SIGNATURES TO CONTRACT

Signed on behalf of the referring authority	Signed by the Social Worker
Print name : Position (duly authorised senior person): Date :	Print name : Date: