

CHILDREN'S GROUP REFERRAL FORM

DETAILS OF FAMILY BEING REFERRED - *If more than 4 children please complete a continuation form*

| | First Name | Last Name | DOB | Gender M/F | In education? <i>(name of pre/primary/secondary school, or college, or training provider)</i> |
|--|------------|-----------|-----|---------------|--|
| Parent/carer | | | | | |
| Child 1 | | | | | |
| Child 2 | | | | | |
| Child 3 | | | | | |
| Child 4 | | | | | |
| Address <i>(including postcode)</i> | | | | Email | |
| | | | | Home Tel No. | |
| | | | | Mobile | |

| | YES | NO | | YES | NO | NEED HELP WITH THIS FORM? CALL 020 8461 7205 |
|--|-----|----|--|-----|----|--|
| Is the school aware? | | | Is it safe to phone or text? | | | |
| Is English the first language? | | | If no please specify | | | |
| Does anyone in the family have additional needs? | | | If yes please specify | | | |
| Who was the perpetrator & what is the relationship with the child? | | | | | | |
| Does the parent/carer have a new partner? | | | | | | |
| Is the perpetrator in a current relationship? | | | | | | |
| Is the perpetrator in contact with the child? | | | | | | |
| Where does the perpetrator live now? | | | | | | |
| Is there an order currently in place? | | | If yes please specify <i>(Injunction, Restraining Order, Prohibited Steps etc.)</i> | | | |
| How long since the child was exposed to the abuse? | | | | | | |
| What types of abuse did the mother experience and over what period? | | | | | | |
| What signs is the child showing that they have been affected by the abuse? | | | | | | |

BRIEF SUMMARY OF THE FAMILY HISTORY RELATING TO THE ABUSE

If you are hand writing this referral and need more space, please attach additional sheets. If you are typing, your text will shrink as you type.

FAMILY'S CURRENT CIRCUMSTANCES - Brief description

| |
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| |
|--|

DETAILS OF PERSON MAKING THE REFERRAL

| | | | |
|---|--|---|--|
| Name | | Tel No. | |
| Job Title | | Mobile | |
| Agency | | Email | |
| Address <i>(including postcode)</i> | | Referrers Signature | |
| | | Please tick if you want us to contact you to discuss this referral before making contact with the family | |

OTHER PROFESSIONALS/ORGANISATIONS INVOLVED?

| Name | Agency | Tel No. |
|------|--------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PERMISSION - Tick all that apply

| | | | | | |
|---------------------------------|--------------------------|----------------------------------|--------------------------|--|--------------------------|
| For you to make referral | <input type="checkbox"/> | For BCP to contact parent | <input type="checkbox"/> | For BCP to share information with other services who could provide additional support | <input type="checkbox"/> |
|---------------------------------|--------------------------|----------------------------------|--------------------------|--|--------------------------|

PERMISSION FROM

| | | | | | |
|----------------------------|--|---------------|--|--------------|--|
| Parent/carer's Name | | Signed | | Dated | |
|----------------------------|--|---------------|--|--------------|--|

THE FOLLOWING IS FOR OFFICE USE ONLY - TO BE COMPLETED BY COURSE FACILITATOR

| | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|
| Parent/carer has been contacted and agreed to attend | Contacted? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | Agreed to attend? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Can both the mother and child attend the briefing? | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Has the mother spoken to the child about the course? | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

This programme is for female carers who have experienced domestic violence and whose children have been affected by this. They must no longer be living with the perpetrator and the domestic violence must have ceased at least six months previous.

Please return this form by email to: childrensgroup@bromley.gov.uk
 or by post to: Children's Group Referrals, Bromley Children Project
 3rd Floor, Central Library, High Street, Bromley BR1 1EX