

Daybreak office use only:

Date allocated.	Coordinator:	Ref no:
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Daybreak Family Group Conference
Referral Form



Referrer's Name	Location & team	Direct Phone line, mobile number & working hours	Email

REFERRED CHILD/REN:

Name	DOB/Age	Sex	School

OTHER CHILDREN IN THE FAMILY:

Name			

CURRENT CAREGIVER:

Name	Relationship	Address	Phone

PARENTS:

Name & relationship to	Address	Phone

OTHER KNOWN FAMILY MEMBERS/SIGNIFICANT FAMILY FRIENDS:

Name	Relationship	Address	Phone

Ethnic origin of the family:	First language of the family:
Any special needs of the family/child?	
Has a Child Protection Plan been made? Yes/No If yes under which category?	
Is the child a 'looked after' child? Yes/No If yes is the legal status: Interim or full care order Section 20: placed with family or LAC	
Is drink/drugs an issue? Yes/No Please give details:	
Is Domestic Abuse an issue? Yes/No. If yes are the concerns: current or past	
Is the child a young carer? Yes/No. Please give details:	
Is mental health an issue? Yes/No. please give details:	
Are there any health or safety concerns for agency workers or family members? Yes/No If so please specify	

OTHER SERVICE PROVIDERS INVOLVED:

Name	Agency	Role	Telephone

<p>Reason for the FGC meeting: (Please include a brief summary of the current situation/concerns that is relevant to this referral)</p>

Questions to be addressed at the meeting:

Is there anything which could not be agreed in the family plan (bottom line)?

Category of referral:

Risk of family breakdown? Yes/No

Directed by the courts? Yes/No

Child Protection? Yes/No

PLO? Yes/No

Reunification of LAC? Yes/No

Other?

Are there any significant dates ie court?

Does the meeting have to happen by a particular deadline? If so by when?

I agree to this referral being made and for relevant information to be shared with family and service providers

Family member(s) signature(s): _____

Young person signature: _____

Manager's signature: _____ Manager's name: _____

Please note:

- *that the referrer needs to attend the whole Family Group Conference or review*
- *Staff attending are required to complete a short monitoring form for evaluation purpose*

Please send or fax this referral to

Daybreak

West Lodge

Leylands Farm

Nobs Crook

Colden Common

SO21 1TH

Tel. 02380 696644

Fax. 02380 696655

Email. headoffice@daybreakfgc.org.uk

Manager