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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| bcp_new_logo | | | | **CHILDREN’S COMMUNITY GROUP PROGRAMME REFERRAL FORM** | | | | | | | LBBLogo Black Small | | | | | | |
| **DETAILS OF FAMILY BEING REFERRED *- If more than 4 children please complete a continuation form*** | | | | | | | | | | | | | | | | | |
|  | **First Name** | | | **Last Name** | | **DOB** | | **Gender M/F** | | **Ethnicity** | **In education?**  ***(name of pre/primary/secondary school,***  ***or college, or training provider)*** | | | | | | |
| **Parent/carer** |  | | |  | |  | |  | |  |  | | | | | | |
| **Child 1** |  | | |  | |  | |  | |  |  | | | | | | |
| **Child 2** |  | | |  | |  | |  | |  |  | | | | | | |
| **Child 3** |  | | |  | |  | |  | |  |  | | | | | | |
| **Child 4** |  | | |  | |  | |  | |  |  | | | | | | |
| **Address**  *(including postcode)* |  | | | | | **Email** | | | |  | | | | | | | |
| **Home Tel No** | | | |  | | | | | | | |
| **Mobile** | | | |  | | | | | | | |
|  | | **YES** | **NO** | |  | | | | | **Phone** | | **Text** | | **Email** | | **Post** | |
| **Is the school aware?** | |  |  | | **Is it safe to phone/text/email/post? (Tick for yes)** | | | | |  | |  | |  | |  | |
| **Is English the first language?** | |  |  | | **If no please specify** | | | | |  | | | | | | | |
| **Does the child referred have additional needs that will need to be supported in a group setting?** | |  |  | | **If Yes please specify** | | | | |  | | | | | | | |
| **Who is the perpetrator & what is the relationship to the child?** | | | | |  | | | | | | | | | | | | |
| **Does the parent/carer have a new partner?** | |  |  | | **Do they live with Mum and child?** | | **YES** | | **NO** | **Is there any DV with the new partner?** | | | | | **YES** | | **NO** | |
|  | |  |  | |  | |
| **Does the child live with the perpetrator?** | |  |  | | **NEED HELP WITH THIS FORM? CALL 020 8461 7491** | | | | | | | | | | | | | |
| **Is the perpetrator in contact with the child?** | |  |  | | **Is the perpetrator in any form of treatment?** | | | |  | | | | | | | | | |
| **Where does the perpetrator live now?** | | | | |  | | | | | | | | | | | | | |
| **Is there an order currently in place?** | |  |  | | **If yes, please specify**  *(****injunction/restraining order/Prohibited Steps etc)*** | | | | | | | |  | | | | | |
| **How long since the child was exposed to the abuse?** | | | | |  | | | | | | | | | | | | | |
| **What type of abuse did the mother experience and over what period?** | | | | |  | | | | | | | | | | | | | |
| **What signs is the child showing that they have been affected by the abuse?** | | | | |  | | | | | | | | | | | | | |

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| **BRIEF SUMMARY OF THE FAMILY HISTORY RELATING TO THE ABUSE**  *(if you hand write 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** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **DETAILS OF PERSON MAKING THE REFERRAL** | | | | | | | | | | | | | | |
| **Name** | | |  | | **Tel No.** | | |  | | | | | | |
| **Job Title** | | |  | | **Mobile** | | |  | | | | | | |
| **Agency** | | |  | | **Email** | | |  | | | | | | |
| **Address**  **(including postcode)** | | |  | | **Referrer’s signature** | | |  | | | | | | |
| Please tick if **you** want us to contact **you** to discuss this referral **before** making contact with the family | | | | | | | |  | |
| **OTHER PROFESSIONALS/ORGANISATIONS INVOLVED?**  **Eg: Police/CAFCASS/Social Worker/GP/Drug & Alcohol Support/Womens Aid/Community Mental Health Team** | | | | | | | | | | | | | | |
| Name | | Agency | | | | | | Tel No. | | | | | | |
|  | |  | | | | | |  | | | | | | |
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| **PERMISSION** – *Tick all that apply* | | | | | | | | | | | | | | |
| **For you to make the referral** |  | | **For BCP to contact parent** |  | **For BCP to share information with other services who could provide additional support** | | | | | | | |  | |
| **PERMISSION FROM** | | | | | | | | | | | | | | |
| **Parent/Carer’s Name** |  | |  | **Signed** | | |  | | **Dated** | |  | | | |
|  | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| THE FOLLOWING IS FOR OFFICE USE ONLY – TO BE COMPLETED BY COURSE FACILITATOR. | | | | | | | | | | | | | | |
| **Parent/Carer has been contacted**  **and agreed to attend** | | | | | | **Contacted?** | | | | **YES** |  | **NO** | |  |
| **Agreed to attend?** | | | | **YES** |  | **NO** | |  |
| **Can both the mother and child attend the introduction?** | | | | | | | | | | **YES** |  | **NO** | |  |
| **Has the mother spoken to the child about the course?** | | | | | | | | | | **YES** |  | **NO** | |  |
| **Has the telephone assessment been completed?** | | | | | | | | | | **YES** |  | **NO** | |  |
| **Please return this form by email to :** [**childrensgroup@bromley.gov.uk**](mailto:childrensgroup@bromley.gov.uk)  **Or by post to: Childrens Group Referrals, Bromley Children Project, 3rd Floor, Central Library, Bromley. BR1 1EX** | | | | | | | | | | | | | | |