



## REFERRAL FORM

### DETAILS OF YOUNG PERSON

**Name of young person**

Other names

Date of birth

Religious Faith/Denomination

Race or culture

Gender

Address before Country Care

Telephone number before

Country Care

**Referring Agency**

Social worker's name

Address

Telephone number

Out-of hours number

Line manager's name

### Legal Status of Young Person under The Children Act 1989

Include details of any court orders

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**NAME of MOTHER/GUARDIAN**

Relationship to young person

Date of Birth

Address

Telephone number

**NAME of FATHER/GUARDIAN**

Relationship to Young Person

Date of Birth

Address

Telephone Number

**SIBLINGS**

1) Name

Date of Birth

Address

2) Name

Date of Birth

Address

3) Name

Date of Birth

Address

4) Name

Date of Birth

Address

5) Name

Date of Birth

Address

6) Name

Date of Birth

Address

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**Is there a current Care Plan? ( If so please attach)**

**CURRENT ASSESSMENT of FAMILY SITUATION**  
**( Including current work and planned future work)**

**REASONS for REFERRAL**

**AIMS of PLACEMENT**

**( Please include long term viewpoint, e.g. Restoration to family,  
fostering, independence)**

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**CHILD'S AWARENESS OF COUNTRY CARE**

**ARE THE PARENTS AWARE of THEIR RIGHTS, DUTIES and RESPONSIBILITIES UNDER THE CHILDREN ACT?**

( Please give further information on those rights)

**IS THE YOUNG PERSON AWARE of HIS/HER RIGHTS UNDER THE CHILDREN ACT?**

( Please give further information on those rights)

**SIGNIFICANT PEOPLE WITH WHOM THE YOUNG PERSON SHOULD MAINTAIN CONTACT**

| NAME | RELATIONSHIP | ADDRESS and TELEPHONE NUMBER |
|------|--------------|------------------------------|
|      |              |                              |

**RESTRICTIONS TO CONTACT**

| NAME | RELATIONSHIP | LEGAL POSITION (please specify restrictions) |
|------|--------------|----------------------------------------------|
|      |              |                                              |

**EDUCATIONAL ASSESSMENT and CURRENT STATUS**

( Including information on Special Educational Needs and a copy of the Personal Education Plan)

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|  |
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## LAST SCHOOL

| Name, Address and contact person | Dates of attendance | Reasons for leaving |
|----------------------------------|---------------------|---------------------|
|                                  |                     |                     |

## PREVIOUS PLACEMENTS

| Dates | Placement | Type of Placement |
|-------|-----------|-------------------|
|       |           |                   |

## PREVIOUS DOCTOR

|                  |
|------------------|
| Name             |
| Address          |
| Telephone number |

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## **GENERAL HEALTH and RELEVANT HISTORY**

|                                      |                                                                          |                                        |
|--------------------------------------|--------------------------------------------------------------------------|----------------------------------------|
| General Physical Health on Admission | Details of any Disability, Special Diet Or Major Operations (with dates) | Special Clinics and Hospitals attended |
|--------------------------------------|--------------------------------------------------------------------------|----------------------------------------|

## **ANY OTHER REQUIREMENTS**

Any other requirements or needs specific to this young person to be entered here.

## **TERMS and CONDITIONS for ADMISSION**

Name of Young Person

Local Authority

These conditions are additional to any specific contract based admission terms that may be agreed prior to placement and should be signed by a person in a senior position within the Authority, the social worker concerned and a senior from Country Care.

A copy of this contract will be given to the child's social worker.

The following items should be supplied upon admission.

- 1) A medical card and medical consent form (signed)
- 2) Photocopy of Birth Certificate
- 3) National Insurance card (if applicable)
- 4) Current medical report
- 5) The most recent assessment / review report, or family circumstances report.
- 6) Signed consent forms for activities and smoking (if applicable)
- 7) An up to date, detailed, education report

### **MEDICALS**

Medicals are the responsibility of the placing authority. Country Care will arrange medicals upon request, however any charges incurred will be invoiced in addition to our normal fees.

### **CLOTHING**

All clothing required for outdoor activities will be provided by Country Care. Everyday clothing remains the responsibility of the placing Authority.

### **RESERVED PLACES**

Should a child, for whatever reason, be absent from the home and it has been agreed that their place is to be kept open, full fees will be charged for that period

### **LEGAL COSTS**

Country Care will make all arrangements, together with an application for legal aid. In the unlikely event that Legal aid is refused, then all costs for legal representation will be borne by the responsible Local Authority.

### **PERSONAL POSSESSIONS**

Country Care cannot accept responsibility for any personal possessions lost, damaged or stolen during the placement period. This does not apply when the loss occurs through the negligence of Country Care or a member of its staff.

### **NOTICE REQUIREMENT**

The period of notice required by both parties will be negotiable and included in this placement agreement before it is signed.

Agreed notice..... 1 month.....



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## FEES

£ \_\_\_\_\_ per week payable before the end of each four week period following the commencement of the placement.

The purpose of these terms and conditions is to avoid misunderstanding with the Local Authority.

The following signatures therefore form an agreement on both sides that these are the conditions of the placement.

In addition, Country Care undertakes to provide the services outlined in our prospectus and to ensure that standards are maintained at all times. Should any person within a placing authority have concerns in relation to the placement, they should contact the manager, deputy or owners of Country Care at the first possible opportunity.

## SIGNATURES TO CONTRACT

Signed on behalf of.....local authority

Name.....Signature.....

Date.....

Social Worker.....Signature.....

Date.....

Signed on behalf of Country Care.....

Date.....