



Reparative Care Team Referral Form

Childs Name:

Age:

If you wish to request a consultation with the Reparative Care Team, please include details in the box below.

It is not necessary to complete the other areas of the form apart from **referrer's details signature and date below.**

Referrer requesting consultation		Date	
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What is happening right now that has made you ask for our help?

What support do you feel is needed?

What is going well for the child and their family/carers?

Background:

Please give us an overview of the child’s life; including significant events and information relating to birth parents.

What is the long-term care plan for this child?

Please list any other services previously or currently involved?

Agency	Contact Person	Contact Details

Family Composition:

Childs Full Name:		Known as:	
DOB:		Gender:	
Ethnicity:		Disability:	
Tel No:		First Language:	
Address:			
Post Code:			
School/ Employment:			
Is this child the subject of any legal order? (e.g., Adoption Order, Care Requirement, Community Parenting Order, Residence Order, Parental Responsibility Order, etc.)			

Who lives at home?

Full Name	DOB	Address	Relationship to Child

Birth Relatives (including siblings) and their contact arrangements:

Full Name	DOB	Address & Contact Number	Relationship to Child	Contact Arrangements Frequency and Type

Referrers Details:

Name	Agency/Address	Contact Number	Relationship to Child

Please be aware that referrals are not able to be accepted without individual(s) with parental responsibility for the child having signed the following consent form.

REPARATIVE CARE TEAM CONSENT FORM TO ACCESS SERVICES

- I consent to the following referral to the Reparative Care Team being made to access therapeutic services for our family.
- I understand if this referral is accepted, an Assessment of Therapeutic Support Needs will need to be completed prior to accessing services and services will be provided in a tiered system of intervention.
- I understand I can access and request a full copy of the Reparative Care Team Code of Practice, Ethics and Professional Conduct, which outlines the team’s responsibilities in service.
- I understand I can access and request a full copy of The Reparative Care Team Fair Processing Privacy Notice which outlines how the team collects, holds, and processes personal information about children, young people and families who access our service.
- I understand my personal data will be handled securely and in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and associated Regulations.

Name of individual with parental responsibility		Signature	Date
Name of referrer		Signature	Date

The Reparative Care Team’s Code of Practice, Ethics and Professional Conduct and Fair Processing Privacy Notice can both be found on www.gov.gg/RCT. Alternatively, paper copies can be requested from the details below.

Please return this completed referral and consent form to:

Reparative Care Team

Swissville

Rohais

St Peter Port

GY1 1FB

Reparative.CareTeam@gov.gg

A member of the Reparative Care Team will contact you in due course.