



MARVELLOUS CARE REFERRAL FORM

YOUNG PERSON:

Surname: _____

First Name(s): _____

Also known as: _____

Date of Birth: _____

Care Status : _____

FAMILY DETAILS:

Father's Name: _____

Father's Address: _____

Father's Tel No: _____

Mother's Name: _____

Mother's Address: _____

Mothers Tel No: _____

LOCAL AUTHORITY DETAILS:

Social Worker's Name: _____

Social Worker's Tel No: _____

Team Leader's Name: _____

Team Leader's Tel No: _____

Department Address: _____

Duty Social Worker's Tel No: _____

DESCRIPTION OF YOUNG PERSON (For missing person's reporting)

Height:

Weight:

Build:

Complexion:

Eye Colour:

Hair Style/Colour:

Distinguishing Features:

Tattoos/Scars/Marks:

Ethnic Origin:

CONTACT WITH FAMILY AND OTHER SIGNIFICANT PEOPLE:

EDUCATIONAL BACKGROUND AND HISTORY:

(Please attach last School Report or Educational Statement, if possible)

EMPLOYMENT HISTORY:

MEDICAL HISTORY/NEEDS:

State any current or recent treatment/medication together with any special dietary requirements - also who is responsible for giving medical consent in an emergency.

SOCIAL INTEREST AND HOBBIES:

RELIGION:

Please state if young person practices any religion at present.

SOCIAL WORK INVOLVEMENT:

Describe relationship and state time known and likely frequency of contact.

ATTITUDE TO PLACEMENTS:

Describe the attitude of the young person to his or her former placements.
What indication, if any, has the young person made to living at independently.

ABSCONDING:

Is there a history of absconding? If so, were there any previous patterns evident prior to the young person absconding.

OFFENDING BEHAVIOURS:

Please list previous or outstanding offences, including Cautions:

PRESENTING PROBLEMS:

Please state all the presenting problems for this young person. Marvellous Care must be informed if the young person has in the past or presently has a history of fire raising or arson, self-harming behaviour, is violent towards others.

DRUGS, ALOLHOL AND SOLVENT ABUSE:

Does the young person have a history of the above? Please indicate frequency, together with any useful information regarding circumstances.

FUTURE PLANS:

Please indicate what are the future plans for the next 6, 12 and 24 months.

Imagine you went to bed and wake up in the morning and you were successful. What would be different? What would you be doing to tell you that you have been successful?

In your own words where are you now with regards to being successful?

Realistically taking into account where you are now how long do you think it should take before you are successful?

URGENCY OF REFERRAL:

Please indicate estimated length of stay at Marvellous Care and when you would wish the placement to commence.

ADDITIONAL INFORMATION:

REFERRAL FORM COMPLETED BY:

Please fax/email back to: The Duty Manager – Marvellous Care

Fax No: 0845 0066 218

Email info@marvellous-care.co.uk

Item	No Risk	Low Risk	Medium Risk	High Risk
Please complete this risk assessment for EVERY ITEM below.	Insert a tick to indicate the risk level for each item			
1. Sexual Activity				
2. Sexualised Language				
3. Indecent Exposure				
4. Sexual Assault (Perpetrator)				
5. Sexual Assault(Victim)				
6. Involvement in Sex Industry				
7. Verbal aggression towards peers				
8. Verbal aggression towards Staff				
9. Physical assault on peers				
10.Victim of bullying				
11. Bullying peers				
12. Physical assault on Staff				
13.Damage to property (Vandalism)				
14.Damage to property (Targeting belongings)				
15.Theft from peers				
16.Theft from shops				
17.Mugging				
18.Burgulary				
19.Taking & Driving away (TDA)				
20.Substance abuse (Alcohol, Glue, Gas)				
21. Substance abuse (Class A&B Drugs)				
22.Smoking				
23.Self-Harm				
24.Suicide Attempts				
25.Absconding				
26.Arson(Including obsession with flames)				
27.Others(please be specific)				

This assessment represents the assessed risk presented by the young person in each area listed above at the time of the young person's referral to Marvellous Care. Please complete and return to us fax no: 0845 0066 218

This Risk Assessment was completed by _____

Who holds the position of _____ on behalf of _____ local authority.

Signed: _____ Date: _____