

Please note all boxes will expand when typing.

Section 1	Referrers / Agency Details:		
Name		Date	
Position		Mobile No	
Organisation		Landline No	
Email			

Section 2	Personal Details (Parent / Carer / Guardian):			
Full Name		Date of Birth		
Known As		Age		
Address		Postcode		
Mobile No		Landline No		Email
Equalities Data: please refer to equalities sheet to identify categories				
Tenancy Status		Employment / Economic Status:		Relationship Status
Gender	Male / Female	Gender Reassignment	Yes / No / Prefer Not to Say	Sexual Orientation
Ethnicity:		Nationality		Preferred Language
Interpreter Required?	Yes / No	Immigration Status:		Religion
Disability	Yes / No	If yes to disability please provide details:		
Risk Profile				
Please give details of any risk related information				

Section 3.1	Child Details:			
Full Name		Date of Birth		
Gender		Ethnicity		
Disability		Relationship to Victim		
Looked after child	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Relationship to perpetrator
School / College / Workplace:				
Social care status – early help / troubled families / child protection plan:				
Any risk concerns:				
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :				

Section 3.2		Child Detailst:			
Full Name				Date of Birth	
Gender				Ethnicity	
Disability				Relationship to Victim	
Looked after child	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Relationship to perpetrator	
School / College / Workplace:					
Social care status – early help / troubled families / child protection plan:					
Any risk concerns:					
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :					

Section 3.3		Child Detailst:			
Full Name				Date of Birth	
Gender				Ethnicity	
Disability				Relationship to Victim	
Looked after child	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Relationship to perpetrator	
School / College / Workplace:					
Social care status – early help / troubled families / child protection plan:					
Any risk concerns:					
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :					


Section 3.4		Child Detailst:			
Full Name				Date of Birth	
Gender				Ethnicity	
Disability				Relationship to Victim	
Looked after child	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Relationship to perpetrator	
School / College / Workplace:					
Social care status – early help / troubled families / child protection plan:					
Any risk concerns:					

Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :

Section 3.5	Child Detailst:			
Full Name			Date of Birth	
Gender			Ethnicity	
Disability			Relationship to Victim	
Looked after child	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to perpetrator	
School / College / Workplace:				
Social care status – early help / troubled families / child protection plan:				
Any risk concerns:				
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :				

Section 4	Personal Details (Perpetrator):			
Full Name			Date of Birth	
Known As			Age	
Address			Postcode	
Mobile No		Landline No		Email
Equalities Data: please refer to equalities sheet to identify categories				
Tenancy Status		Employment / Economic Status:		Relationship Status
Gender	Male / Female	Gender Reassignment	Yes / No / Prefer Not to Say	Sexual Orientation
Ethnicity:		Nationality		Preferred Language
Interpreter Required?	Yes / No	Immigration Status:		Religion
Risk Profile				
Please give details of any risk related information				

Section 5	Reason for referral				
In the boxes below please provide detailed information in relation to the guidance headings. This should include information relating to what has been witnessed or experienced by the young person.					
Please give a description of concerns & reasons for referral					
Please give details of any identified risks when contacting, visiting or working with the young persons & the family / guardian / carer					
Agencies Involved - Please indicate which Agencies have been involved with the perpetrator, victim and children within the last 2 years if known:					
Agency	Contact Name	Role	Contact Number	Email	Open Case

Section 7	Consent & Referral	
Please give details of any views that the parent and young person (Gillick Competent) have regarding this referral		
Consent 	The reason for the referral has been explained to the parent / carer / guardian by the referrer and they agree to the referral being made to LWA UAVA	Yes / No
	Has the reason for referral been explained to the young person (if Gillick competent) by the referrer and they agree to the referral being made to LWA Family Service	Yes / No
	Please confirm that your organisation has consent to share sensitive information?	Yes / No
Data Protection & Confidentiality – section X		
Information provided within this referral will be handled in accordance with data protection and confidentiality guidance and legislation. Details may be disclosed to other appropriate services and partner agencies for the purpose of providing support. It will not be shared with other third parties, unless required to do so by law. To ensure the safety and wellbeing of the individuals referred, information in this referral will be shared with them if they wish to see it. Though may be restricted or withheld in line with good practice, guidance and legislation relating to domestic abuse and safeguarding		

Continuation Sheet –Referral Form

Additional Information:

Please return this form to:

UAVA Ltd. P.O. Box 7675, Leicester, LE1 6XY

Secure email: secure.referral@uava.cjsm.net

Email: referrals@uava.org.uk

Business Line: 01162550004

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