**NSPCC Gillingham Service Centre**

**Referral Form**

**POSITIVE PATHWAYS**

**Solve Your Problems and Worries**

**Please return to:** [**Gillingham.dutyinbox@nspcc.org.uk**](mailto:Gillingham.dutyinbox@nspcc.org.uk)

**or by post to:**

**Gillingham Service Centre, Pear Tree House, 68 West Street, Gillingham, Kent**

**ME7 1EF**

**Tel: 01634 564688**

***This form should only be completed with the consent of the child and preferably their parent/carer. If you do not have consent, please contact us to discuss anonymously.***

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| **SERVICE:**   * **This service is for children/young people between the ages of 5-18yrs** * **The child/young person to have identified an “issue” that they would like to work through within the sessions** * **The parent/carer to be available to support the child/young person within the work if joint sessions are requested** |

**To avoid any delay in processing the referral form please complete all section as fully as possible.**

**Referrer Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Contact Information:** |  |
| **Managers Name and Contact Details:** |  |

**Child’s Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Legal Status:** | | |  |
| **Age:** |  | | **Disability:** | | | | |  |
| **Ethnicity:** |  | | | | | | | |
| **Learning/Additional Needs:** |  | | | | | | | |
| **Address:** |  | | | | | | | |
| **Parent/Carer Name:** |  | | | | | | | |
| **Is the child open to CAMHS/NELFT:** | **Yes** |  | | **No** |  |  | | |
| **Consent to Service:** | **Child** |  | | **Parent/Carer:** | | |  |  |

**Reason for Referral:**

*(Please include details of the why you feel the child needs the Positive Pathways service. Explain how you feel this short-term intervention would help them. What are your best hopes for the child in accessing this service? Also include some indication of the child’s ability to engage with work. Please provide details about the child’s carers & who the child is living with.)*

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**Agency Involvement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Name** | **Organisation name & address** | **Telephone/email** | **Role/Responsibility** |
|  |  |  |  |
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**Family & Environmental Factors:**

*(Please include details of any other significant adults in the child’s life not already mentioned, who will be able to offer support for the child after the service has ended? Do the family have access to support in the community? Will the child be able to access the service in terms of getting to and from sessions? Does the child have a supportive peer group?)*

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**Safeguarding:**

*(Are there any specific safeguarding concerns for this child? Is there anyone that the child should not be in contact with? If the child has a Social Worker, provide their name and contact details and details of the type of plan that they are open to Social Care under. Are there any specific concerns about parents? Will they be able to support the child through the programme?)*

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| **Reports Provided** | | | | |
| **Report** | **Yes (please tick)** |  | **No (please tick)** |  |
| **Child Protection Plans (NSPCC require details of CP concerns)** |  | |  | |
| **LAC Reports** |  | |  | |
| **TAC/CAF** |  | |  | |
| **Education Plans (EHCP)** |  | |  | |
| **Reports (please detail)** |  | |  | |
| **Other** |  | |  | |

**TO AVOID DELAY IN PROCESSING THIS REFERRAL PLEASE ENSURE AGENCY REPORTS ARE ATTACHED WHEN COMPLETING THE REFERRAL**

**Signed: ……………………......................**

**Date: ……………………………………**