**Women’s Aid South Lanarkshire**

**Children and Young People’s   
Referral Form**

|  |  |
| --- | --- |
| DATE RECEIVED |  |
| CALLER NAME & CONTACT DETAILS |  |
| AREA / POSTCODE |  |
| REASON FOR REFERRAL |  |

**Delete as appropriate**

|  |  |
| --- | --- |
| NAME |  |
| OASIS # |  |
| DOB |  |
| AGE GROUP | 4-8yrs 9-12yrs 13-16yrs |
| GENDER | FEMALE MALE |
| SCHOOL ATTENDED |  |
| ADDITIONAL NEEDS |  |
| MAIN CARER & CONTACT DETAILS |  |

**Delete as appropriate**

|  |  |  |
| --- | --- | --- |
|  | **CHILD/REN** | **CARER** |
| Are the child/ren and carer aware of the referral? | Yes No | Yes No |
| Do they agree with the referral? | Yes No | Yes No |
| Are they aware information about them may be shared? | Yes No | Yes No |

|  |  |
| --- | --- |
| **Does the child/ren have contact with the perpetrator?** | **Yes No** |
| If yes, is this contact formal? i.e. court ordered / supervision order / contact centre etc. Please give details. |  |

|  |  |
| --- | --- |
| Are there any child protection concerns? Current / previous / registered / voluntary / safe status etc please give details |  |
| Agencies involved and contact details |  |
| Staff member who took referral |  |
| Date logged onto OASIS |  |
| Action taken / emailed to which manager? |  |

**Additional Information**

|  |
| --- |
| **Please give a brief outline of the situation and issues pertaining to the child/ren….** |