

# Child referral form



## Child details

Name:.....

NHS No:

Date of birth or due date:...../...../.....

☐ Male

☐ Female

☐ Unknown

Address:.....

Parent/Carer contact number:.....

Parent/Carer Email:.....

Child's ethnicity:.....

Child's religion:.....

Languages spoken by family:.....

Interpreter required: 

☐ Yes

☐ No

If yes, please include details on Page 4

Diagnosis and brief summary of any behavioural support needs:

Ventilation needs, if any:

Allergies, if any:

Do any of the following apply?

☐ Child in need plan

☐ Child protection plan

☐ Emergency protection order

☐ Full care order

☐ Interim care order

☐ Child in care: by voluntary agreement

☐ Unknown

If a local authority holds parental responsibility or parental responsibility is split with a local authority please state details and include any risks or contact restrictions. If unsure what parental responsibility or another appropriate source refers to please head to: <https://www.gov.uk/parental-rights-responsibilities>.

### Parent details

Please provide full contact details

**Parent 1:** Parental responsibility: ☐ Relationship to child:.....  
Name:.....  
Address:.....  
Contact number:..... Email:.....

**Parent 2:** Parental responsibility: ☐ Relationship to child:.....  
Name:.....  
Address:.....  
Contact number:..... Email:.....

### Carer details

If the child is not looked after by their parents, please provide details of the child's primary carer(s), including full contact details

**Carer 1:** Parental responsibility: ☐ Relationship to child:.....  
Name:.....  
Address:.....  
Contact number:..... Email:.....

**Carer 2:** Parental responsibility: ☐ Relationship to child:.....  
Name:.....  
Address:.....  
Contact number:..... Email:.....

### Other adults

Please provide details of any other adults in the family home i.e step parents or adult siblings

**Adult 1:** Parental responsibility: ☐ Relationship to child:.....  
Name:.....  
Address:.....  
Contact number:..... Email:.....

**Adult 2:** Parental responsibility: ☐ Relationship to child:.....  
Name:.....  
Address:.....  
Contact number:..... Email:.....

**Sibling details (under 18)**

**Sibling 1:** Name:..... Date of Birth: ...../...../.....

Relationship to child:.....

Address:.....

Parent/Carer contact number: ..... Parent/Carer Email: .....

**Sibling 2:** Name:..... Date of Birth: ...../...../.....

Relationship to child: .....

Address: .....

Parent/Carer contact number: ..... Parent/Carer Email: .....

**Sibling 3:** Name:..... Date of Birth: ...../...../.....

Relationship to child:.....

Address:.....

Parent/Carer contact number: ..... Parent/Carer Email: .....

**Sibling 4:** Name:..... Date of Birth: ...../...../.....

Relationship to child:.....

Address:.....

Parent/Carer contact number: ..... Parent/Carer Email: .....

**Sibling 5:** Name:..... Date of Birth: ...../...../.....

Relationship to child:.....

Address:.....

Parent/Carer contact number: ..... Parent/Carer Email: .....

**Sibling 6:** Name:..... Date of Birth: ...../...../.....

Relationship to child:.....

Address:.....

Parent/Carer contact number: ..... Parent/Carer Email: .....

Child’s GP details

GP practice name: .....

GP contact details: .....

Other services working with the family

As part of our referral process, we will talk to professionals working with children and families to ask them for information which will be used to assess the child's needs. Please include details below for professionals such as consultants, interpreters, social workers, schools etc.

Full name	Job title and organisation	Contact details

Referrer details

This referral must have been made with the full knowledge of the family and consent from an adult who holds parental responsibility.

Name: ..... Job title: .....  
(if not family member)

Organisation and address:.....  
.....

Contact number:..... Email:.....

Key aims and additional information

What are the key aims of this referral regarding the child's/family needs? If there is there anything else that you would like to tell us about this referral please do so here.

## Confidentiality, Data Protection & Consent Statement

### Information about your referral:

- If your referral is successful, the information will form part of the clinical file and will be necessary to process for all purposes in connection with the services being provided, including family support and therapy services provided to parents, carers and siblings. If you wish to access information held about you, or for people in your care, or to make amendments to your information please contact [careadministration@demelza.org.uk](mailto:careadministration@demelza.org.uk)
- If your referral is unsuccessful, or you choose not to accept any offer we make, the information you provide during the referral process will remain on a closed, electronic record as part of our clinical database and will be stored in line with Demelza's Privacy Policy ([www.demelza.org.uk/privacy-policy](http://www.demelza.org.uk/privacy-policy))

### Consent to be completed:

For any child or young person under the age of 16, Demelza are only able to process data where we have the permission of the parent / carer\*. Please complete the following questions to help us process the application and provide your consent where indicated:

I, the parent/carers, give consent to the referral: ☐ Yes ☐ No

Please tick if unborn baby: ☐

Name of baby/child/young person: .....

Date of Birth: ..... / ..... / .....

- I confirm that I hold parental responsibility for the above child.
- I understand that in order to provide safe and effective care, Demelza will need to share information relating to named child with professionals such as GPs, Social Services, consultants, educational settings.
- I consent to Demelza obtaining relevant data and information from other professionals, such as GPs, Social Services, consultants, educational settings.
- I understand that all information provided will be processed and kept in accordance with the UK Data Privacy Regulations and as stated in Demelza's Privacy Policy [www.demelza.org.uk/privacy-policy](http://www.demelza.org.uk/privacy-policy)
- I consent where necessary to Demelza processing special category data relating to the child.
- I confirm that any other individuals stated on this form, are aware that their personal data has been included in this referral to Demelza.

Name of person with parental responsibility: .....

Relationship to named child: .....

Signature: .....

Date: ..... / ..... / .....

To be completed by a parent/carers who holds parental responsibility for the child. All mothers and most fathers have legal rights and responsibilities as a parent – known as 'parental responsibility'. For more information on parental responsibility please see <https://www.gov.uk/parental-rights-responsibilities>

**Kent**  
Tel: 01795 845200

**South East London**  
Tel: 020 8859 9800

**East Sussex**  
Tel: 01323 446461

Please send this completed form to:  
**[demelza.referrals@demelza.org.uk](mailto:demelza.referrals@demelza.org.uk) or [demelza.referrals@nhs.net](mailto:demelza.referrals@nhs.net)**  
**or if you have any queries please call on 01795 845 253**

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