|  |  |
| --- | --- |
|  | torbay council logo |
| Family Group Conference Referral Form | |
| FGC.referrals@torbay.gov.uk  07824 537242 | |

# The Referral Details

## Referrer Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Mobile Number | Manager |
|  | |  |  |
| Job Title | Team | Email Address | Date of Referral |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s/Children’s Name | DOB | Gender | Ethnicity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Child’s/Children’s Address: | Tel: |
|  |  |

## Family Details (add rows if necessary):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Relation | | First Name | Surname | Ethnicity  DOB | Address (if different) | Telephone | PR? |
| Parent/  Carer of Child/  Children | |  |  |  |  |  |  |
| Parent/  Carer of Child/  Children | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | Please list any extended family below: | | | | | | |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |

## Additional Information

Child’s/Children’s Name

|  |
| --- |
|  |

Category: e.g. LAC, CP Child in need

|  |
| --- |
|  |

Language: Is an interpreter required?

|  |
| --- |
|  |

Do the Child/Children or any family members suffer from learning, mental or physical disabilities which the coordinator will need to address? Please specify

|  |
| --- |
|  |

Does anyone in the family have a drug or alcohol misuse problem?

|  |
| --- |
|  |

Is child on CP plan? (Please check box) YES  NO

Is the child subject to a legal order and if so which?

|  |
| --- |
|  |

Is there an agency that could provide specialist information for the family at the FGC? Please state if a guardian is involved

|  |  |  |
| --- | --- | --- |
| Name | Agency & contact details | Relationship to child |
|  |  |  |
|  |  |  |

Briefly describe why are you making the referral for a Family Group Conference – what issues do you want the family network to address?

|  |
| --- |
|  |

What outcome do you hope to achieve as a result of this FGC?

|  |  |  |
| --- | --- | --- |
| 1 | Close case |  |
| 2 | Avoid child protection procedures |  |
| 3 | Prevent child becoming looked after |  |
| 4 | Avoid care proceedings |  |
| 5 | Explore family network |  |
| 6 | Reduce level of interventions with this family |  |
| 7 | Child returns home |  |
| 8 | Other (Please state): |  |

Are there Health and Safety concerns that the co-coordinator or others need to be aware of? (If you are unsure please discuss this with us)

|  |
| --- |
|  |

Has this referral been discussed with the family? (Please check box) YES  NO

Has consent been given by holder of PR for referral for FGC? (Please check box) YES  NO

Do you have anything to add about how the family feels about this referral?

|  |
| --- |
|  |