**Access Team Referral Form**

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| **Referrer details** | | |
| Name of referrer: | Position: | Agency: |
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| Telephone number: | Email address: | Date submitted: |
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| Brief overview of your involvement with the family | | |
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| **Consent and confidentiality** | |
| **\*Referrals cannot be accepted without consent from parents/carers.** | |
| Are the parents/carers aware of this referral? | Yes  No |
| Have the parents/carers given consent to this referral been made? | Yes  No |
| Has the consent to sharing information been signed? | Yes  No |

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| **Parent/carer details** | | | |
| Name: |  | DOB: |  |
| Relationship to child: |  | Contact number/s: |  |
| Address: |  | Language:  If first language is not English, please note their fluency in English and whether an interpreter is required. |  |
| Does this person have Parental Responsibility? | Yes  No  Unknown | | |
| Name: |  | DOB: |  |
| Relationship to child: |  | Contact number/s: |  |
| Address: |  | Language:  If first language is not English, please note their fluency in English and whether an interpreter is required. |  |
| Does this person have Parental Responsibility? | Yes  No  Unknown | | |

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| **Children’s details** | | | | | | |
| Full name: | DOB: | Gender: | Ethnicity: | Language:  If first language is not English, please note their fluency in English and whether an interpreter is required. | Year Group: | Nursery/School inc UPN |
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| **If there any other significant people, please list them below.** | | |
| **Name** | **Relationship** | **Contact details** |
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| **Agency involvement- who else is currently working with this family?** | | | |
| **Agency** | **Name of allocated worker** | **Brief description of reason for involvement** | **Contact details** |
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| **Why are you referring to the Access Team?** |
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| **Additional information** | | | |
| Child Looked After (CLA) | Yes  No  Previous | Gypsy Roma/Traveller | Yes  No |
| Subject to a child protection plan or child in need plan | Yes  No  Previous | Refugee or asylum seeker | Yes  No |
| Open to Early Help | Yes  No  Previous | Living in temporary accommodation | Yes  No |
| SEN | Yes  No | EHCP | Yes  No |
| Family new to UK | Yes  No |  | |
| **If you have ticked Yes to any of the above please provide further details** | | | |

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| **Are there any known concerns to staff safety in visiting any of the above addresses or from any of the contacts detailed?** | Yes  No |
| **Details** | |

**Office use only**

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| **Client group** | | | |
| Refugee VCRS/VPRS |  | Traveller. Please specify: |  |
| Refugee GPP |  | Roma |  |
| Asylum Seeker |  | EU Migrant Family |  |

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| **Previous involvement** | |
| **Previous involvement from Access Team/ previously NCAT?** | Yes  No  Details if yes: |
| **Previous involvement from other Education Services including Attendance, CME, EHE, SEN, Behaviour Support.** | Yes  No  Details if yes: |

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| **Source** | | | |
| Health |  | Self-referral, not drop-in |  |
| Nursery/Children’s Centres |  | Housing |  |
| Schools |  | Other Bradford Education Service |  |
| CSC |  | Voluntary sector |  |
| Drop-in |  | Other. Please specify: |  |

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| **Reason for involvement** | | | |
| Change of school (Primary) |  | Returning to Bradford from other LA (Primary) |  |
| Change of school (Secondary) |  | Returning to Bradford from other LA (Secondary) |  |
| New to UK (Primary) |  | Returning to UK (Primary) |  |
| New to UK (Secondary) |  | Returning to UK (Secondary) |  |
| New to Bradford (Primary) |  | College |  |
| New to Bradford (Secondary) |  | Nursery |  |
| Pastoral: Risk of CME |  | Sibling involvement |  |
| Pastoral: Risk of exclusion |  | Pastoral: Parental engagement |  |