

POINT 1

Request for Involvement Form

EMOTIONAL WELLBEING FOR INFANTS,
CHILDREN AND YOUNG PEOPLE

SPOC Number:

Please note: This form must be completed in full in order for us to process the referral- Incomplete referrals will be returned to referrer and not processed

Date:	Service Required:	0-4s	4-11s	11-18s
Is parent/carer aware of this referral and have they given consent for referral & to share information with other agencies as necessary			Yes	No
Has Young Person given consent for this referral & they agree to us sharing information with other agencies and organisations as necessary			Yes	No

Young Person Being Referred:

Child/Young Person's Name:

NHS No:

Address:

Postcode:

Home Telephone:

MobileTel:

Ethnicity:

DOB:

Age:

EDD:

Expected Delivery Date

Gender:

School Attended:

Referrer Details:

Referrer's Name:

Address:

Postcode:

Contact Number:

Referrer's Profession/Post:

GP Details: GP's Name:

Address:

Contact Number:

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Risk Factors section (including historic and current):

Have any of these been issues for any member of the family (including the referred young person)? (If yes please include brief details and timescales of these below)

Mental health issues	Current:	Yes	No	Historical:	Yes	No
Domestic violence issues within the home	Current:	Yes	No	Historical:	Yes	No
Drugs / alcohol issues	Current:	Yes	No	Historical:	Yes	No
Aggressive behaviours	Current:	Yes	No	Historical:	Yes	No
Self harming behaviours (referred young person):					Yes	No

If you have highlighted yes to any of the above areas please include details of the risk below and how these are being supported/managed at present :

Children's Services/Early Help Services Involvement:

Status of child:

S47 (Child Protection)

S17 (Child In Need)

LAC (Looked After Child)

Court Proceedings

FSP

Name and contact details of Social Worker/ Lead Professional:

Name:

Address:

Postcode:

Contact Number:

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Are there any individual issues we need to be aware of in order to plan services appropriately?
i.e. disability, culture, language, family/carers' experiencing difficulty with reading etc.

Yes

No

If yes please include details:

Please provide details of any support/agencies involved or previously accessed
(please also include any parenting/family programmes or courses attended):

Organisation/Agency or support provided
& name of any key worker

Current/Historical

Additional Information

Please provide the names of the adults who have parental responsibility for the referred child(ren)/young person?

Does the YP live with both of the named adults above? (please provide additional details below)

Yes

No

Parent(s)/carer(s)/sibling(s) in household & significant others in young person's life:

Name

Does this person live
with young person?

Age

Relationship to referred person

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Reason for Referral:

What do you hope will be achieved through this piece of work? What goals/outcomes do you/young person hope will be achieved?

CONSENT TO SHARE INFORMATION:- unless otherwise stated within this form we will assume you have given us consent to speak to other agencies on your behalf for the sole purpose of providing the most appropriate support.

Once completed this form can be returned to us by post, fax or email:

Point-1 c/o Ormiston Families,
Floor 2, 11 Prince of Wales Road, Norwich, Norfolk, NR1 1BD

Fax: 01493 331 926

Email: point1@ormistonfamilies.org.uk

Website: www.point-1.org.uk

If you are unsure as to whether Point1 is the right service for you then please call our SPOC team on 0800 977 4077 for a consultation