

Children's social care referral form questions

*Mandatory questions

1. Consent details

- Is the child aware of the referral?*
- If not, why?*
- Are the parent/carers aware of the referral?*
- If not, why?*
- Do you have consent to contact other organisations*
- If not, why?*
- Who the consent is from and for whom*

2. Referrer details

- Name *
- Organisation *
- Job title
- Email *
- Date and time of referral *
- Relationship to child/children *

3. Child details

- Name *
- Address *
- Postcode *
- Telephone *
- Date of birth/due date *
- Gender *
- School or setting *
- Disability if known *
- Ethnicity*
- GP
- GP's address
- GP's telephone
- Health visitor
- Are they a young carer?*
- Who are they caring for?*
- Language*
- Is an interpreter needed?*
- Asylum seeker*
- Parents in prison*
- Special educational needs*

4. Family details/significant others - including unborn

- Name*
- Relationship to child*
- Date of birth*
- Parental responsibility?*
- Do they live at child's address?*
- If no - address, postcode, telephone*
- Opportunity to add 5 more people.

5. Level of risk - refer to downloadable matrix at the top of this page
<https://www.oxfordshire.gov.uk/cms/content/childrens-social-care-referral-form>

- Outline the level of risk based on the Oxfordshire threshold of needs matrix*
- Is there, or has there been a CAF/TAF in place?*
- If not, why not?*
- Add last review date and name and role of lead professional*
- State key area of presenting situation/concern and any actions/assessments undertaken*
- What are you requesting from children's social care*

6. Details of other agencies

- Name of organisation
- Profession
- Telephone
- Email
- Current involvement and actions taken so far
- Options to add 4 other agencies

7. Supporting documents

- Opportunity to add three supporting documents