



Referral Form

Please complete this referral form with as much information as possible and return to us at info@keydirections.co.uk or if you have any queries, please call us on 0114 282 1262 or please email us at: info@keydirections.co.uk

Referrers Details

Placing Authority:	Date placement required:	
Social Worker:	Tel no:	Email address:
Personal advisor:	Tel no:	Email address:
Person Making Referral:	Purpose of Placement:	

Young person's details

Full Name:	Date of Birth:
Current Address & postcode:	Tel no:
Gender:	Ethnic Origin:
Religion (practicing/non):	Disability

<p>Mother's/Guardian's name & details (if applicable) including phone number and address:</p>	
<p>Father's/Guardian's name and details (if applicable) including phone number and address:</p>	
<p>Siblings name(s) details including address and any instructions regarding contact:</p>	
<p>Grandparents/ extended relevant family/significant others:</p>	

Looked after History

<p>Current legal status (including care leaver status i.e. eligible, relevant, former relevant):</p>
<p>Length of time accommodated/in care:</p>
<p>Original reason for admission:</p>

Placement history

Current Placement:
Previous placement(s):
Reason new placement is being sought:
Young person's views on placement move:

Educational/Employment/Training Status

Current Educational/Employment/Training details:
Any learning details/special needs:

Medical History

Relevant medical details:
Is the young person prescribed any medication:
Any allergies:
Does the young person have any specific, on-going health needs:
Has the young person been seen by a psychiatrist or psychologist (please attach reports if yes):
Does the young person have any mental health provision that is likely to continue during their stay at Transitions (please give details if yes):

Offending History

Last offence:	Dates:
Previous offence(s):	Dates:
Previous sentence(s):	
Outstanding court dates/orders:	
Any bail/remand conditions:	
PSR due? Yes/no	Likely dates:

Risk assessment

Does the young person have a history of any of the following problems?

Please add your comments (including details of frequency of problem, and current level of risk)

Risk Assessment Criteria:

H (HIGH): A serious and significant risk, which has manifested itself in the past four weeks.

H/M (HIGH/MEDIUM): A serious and significant risk, which has manifested itself in the past two years.

M (MEDIUM): A moderate degree of risk, which has manifested itself in the past two years.

M/L (MEDIUM/LOW): No known history though current circumstances indicate a moderate degree of risk at present or in the near future.

L (LOW): No known history, little likelihood or in the near future.

Problem	Risk level	Comments
Fire setting:		
Violence/staff/peer assaults:		
Mental Health (including self-harm/suicidal ideation):		
Drug/alcohol misuse?		
Sexual Exploitation:		
Predatory sexual behaviour:		

Is the young person a schedule one offender?		
Other (please state)		

Any Additional Information

Please add as much information as you can about the young person to assist Transitions in the matching process.

A large, empty rectangular box with a thin black border, intended for providing additional information about the young person to assist in the matching process.