



BCP Council Contact Form			
Consent: Consent to make a Referral to BCP Children's Services			
<i>Permission must always be sought from an adult with parental responsibility for the child / young person before passing information about them to Children's Social Care and Early Help, UNLESS seeking permission would place the child at risk of significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing a child about a disclosure made. If a child is at immediate risk of significant harm, a referral to Children's Social Care SHOULD NOT BE DELAYED whilst consent is sought. * Please complete the mandatory fields below regarding consent.</i>			
Does the family know you are making this referral to us? Has consent been obtained? *	Click or tap here to enter text.	Date consent obtained: *	Click or tap to enter a date.
If yes, what are the parent / carer / child's view of the referral? *		Click or tap here to enter text.	
If No, explain the immediate risk that has prevented you from obtaining consent: *		Click or tap here to enter text.	
Details of child(ren)			
Family Name:	Click or tap here to enter text.	Given Names:	Click or tap here to enter text.
DOB or Expected Date of Delivery:	Click or tap to enter a date.	Gender:	Click or tap here to enter text.
Child's / Young person's Ethnicity:	Click or tap here to enter text.	Primary Language or preferred means of communication:	Click or tap here to enter text.
Child / Young Person's Religion:	Click or tap here to enter text.	Is an Interpreter or Signer Required?	Click or tap here to enter text.
Primary Address:	Click or tap here to enter text.	Telephone Number:	Click or tap here to enter text.
		Mobile Number:	Click or tap here to enter text.
NHS Number:		Click or tap here to enter text.	
Does the child have a disability? If so detail:	Click or tap here to enter text.		

Does the child have an Education, Health and Care Plan?	Click or tap here to enter text.							
Contact Details								
Date of Contact:	Click or tap to enter a date.							
Time of Contact:	Click or tap here to enter text.							
Contact Method:	Click or tap here to enter text.							
Reason for Contact:	Click or tap here to enter text.							
Any Further Details:	Click or tap here to enter text.							
Who has made contact?								
Professional:	Click or tap here to enter text.							
Position:	Click or tap here to enter text.							
Agency:	Click or tap here to enter text.							
Address:	Click or tap here to enter text.							
Telephone:	Click or tap here to enter text.							
Email:	Click or tap here to enter text.							
How do you know the child?	Click or tap here to enter text.							
When did you last see the child?	Click or tap here to enter text.							
Is there an Early Help Assessment or Plan in place for this child/family?	Click or tap here to enter text.							
If not has this been considered as support for the child/family?	Click or tap here to enter text.							
If professional include role and organisation details	Click or tap here to enter text.							
Key Relationships and Networks								
Other Household Members								
Relationship	Name	DOB	Gender	Ethnicity	Language	Referral	School	Other info:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		Click or tap here to enter text.
Other Important People								
Relationship	Name	Date of Birth	Gender	Ethnicity	Address			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Any Communication Needs (including language and disability of the other key relationships and networks:		Click or tap here to enter text.						
Services Working with the Family								
Professional Full name		Agency / Role	Address & Postcode			Telephone Number		
Click or tap here to enter text.		Click or tap here to enter text.	Click or tap here to enter text.			Click or tap here to enter text.		
What is going well? What are you worried about?								
What are the family strengths (good things happening) that help to make things better for the child(ren)?		Click or tap here to enter text.						
What have you seen or heard that you are worried about?		Click or tap here to enter text.						
Has this happened before?		Click or tap here to enter text.						
What have you done about these concerns?		Click or tap here to enter text.						
Tell us about a time when you weren't worried or concerned?		Click or tap here to enter text.						
Who would the children say are the most important people in their life?		Click or tap here to enter text.						
Have you spoken to anyone in the family about your worries or concerns? If not, why not?		Click or tap here to enter text.						
Who would the parents/carers say are the people around		Click or tap here to enter text.						

them, within the family or community, that help and support them – (these are the people who will form the network).	Click or tap here to enter text.
Which professionals are currently involved with the child(ren) and family?	Click or tap here to enter text.
Do you have any concerns regarding Child Exploitation and if so, what are they?	Click or tap here to enter text.
How worried are you?	
Where do you rate the situation at the moment on a scale of 10-0 where 10 means that everything is now sorted for the child, they have people around who care for them and help to keep them safe and free from harm and 0 means the child is in danger or has already been hurt?	Click or tap here to enter text.
What are the reasons you chose that number?	Click or tap here to enter text.
What do you need to see to improve it by 1?	Click or tap here to enter text.
What do you think needs to happen next?	Click or tap here to enter text.
Who else could provide help to the family?	Click or tap here to enter text.

BCP Internal Use: