



· Companions ·

Referral Form

Section 1 Personal Details.

Name:	Date of birth:
Also known as:	Ethnic origin:
Home address:	Tel number:
Post code:	Mobile:
Next of kin:	
Relationship to the young person:	
Address:	Tel. number:
Post code:	Mobile:
Current placement address if different)	
Tel. Number:	Mobile:
Post code:	
Current legal status:	
Is s/he on the Child Protection Register (if yes please state the date)	
Who has parental responsibility?	
Is there anyone who should be contacted?	



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What particular linguistic, religious and or cultural needs should we be aware of?

Please detail proposals to meet the above needs?

Are there any particular medical/dietary needs?

Does the young person suffer from any allergies?

Does the young person have any phobias?

Name of GP:

Address:

Tel. Number:

Post code:

Section 2: Local Authority Details.

Name of placing authority:

Contact name:

Address:

Tel number:

Fax number:

Post code:



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Name of organisation with financial responsibility?	
Contact name:	
Address:	Tel. number:
Post code:	Fax number:
Name of social worker:	
Address:	Tel number:
Post code:	Fax number:
Out of hours EDT tel. number:	
Section 3: Education Details	
Current most recent educational placement address:	Tel number:
Post code:	Fax number
Contact name and ext:	
Statement of educational needs?	Date:



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Section 4: Background Information

Please give details of the reason for this placement including estimated arrival date & duration.

Name of person completing this form:

Designation:

Signature:

Date: