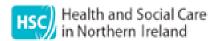


# Understanding the Needs of Children in Northern Ireland A1 REFERRAL V2\_1

Section 1: Child or Young Person's Details				
Surname:		ID No.		
Forename:				
Known As:		HCN:		
Address:		Previous Address:		
Postcode:				
Telephone No:		Previous Postcode:		
Mobile No:		Locality:		
Date of Birth:		Gender		
GP Name:		GP Tel No:		
GP Address:		GP Email Add	dress:	
GP Postcode:				
School Name:		School Tel No:		
School Address:		School Postcode:		
Does the Child have a	If Yes, What Disabil (& source of diagnosi		Other Special Needs:	
Disability?	(& source of diagnosi	15)		
Yes 🗌 No 🗌				
Nationality:		Ethnic Origin:		
Religion:		Country of Origin:		
Language Spoken:		Communication Yes No Support:		
Interpreter	Signer	Document Tra	anslator	

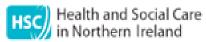
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# Understanding the Needs of Children in Northern Ireland A1 REFERRAL V2\_1

Section 2a: Referrer's Details				
Name of Referrer:	Designation:			
Address:	Date of Referral: Click here to enter a date.			
Postcode:	Contact Details:			
Section 2b: Reason for Referral				
Section 2c: Immediate Actions				
Are Immediate /Actions necessary to safeguard the child(ren) or young person(s)?	Yes No No			

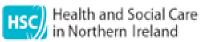
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# Understanding the Needs of Children in Northern Ireland A1 REFERRAL V2\_1

Section 3a: Primary Carers & Other Household Members (Incl. non-family members)						
	Member 1	Member 2	Member 3	Member 4		
Last Name:						
Alternative Last Name:						
First Name:						
Telephone No:						
Mobile No:						
Date of Birth:						
Relationship to Child/ YP:						
Language Spoken:						
Nationality:						
	☐ Interpreter	☐ Interpreter	☐ Interpreter	☐ Interpreter		
Communication Support:	Signer	Signer	Signer	Signer		
	☐ Doc. Trans	☐ Doc. Trans	☐ Doc. Trans	Doc. Trans		
	Details	Details	Details	Details		
Section 3b: Significant Others (Incl. family members who are not members of the child(ren) or young person(s) household)						
	• •	•				
	Other 1	Other 2	Other 3	Other 4		
Last Name:			Other 3	Other 4		
Last Name: Alternative Last Name:			Other 3	Other 4		
			Other 3	Other 4		
Alternative Last Name:			Other 3	Other 4		
Alternative Last Name: First Name:			Other 3	Other 4		
Alternative Last Name: First Name:			Other 3	Other 4		
Alternative Last Name: First Name: Address:			Other 3	Other 4		
Alternative Last Name: First Name: Address: Postcode:			Other 3	Other 4		
Alternative Last Name: First Name: Address: Postcode: Mobile No:			Other 3	Other 4		
Alternative Last Name: First Name: Address: Postcode: Mobile No: Date of Birth:			Other 3	Other 4		
Alternative Last Name: First Name: Address: Postcode: Mobile No: Date of Birth: Relationship to Child/ YP:			Other 3	Other 4		
Alternative Last Name: First Name: Address:  Postcode: Mobile No: Date of Birth: Relationship to Child/ YP: Language Spoken:			Other 3	Other 4		
Alternative Last Name: First Name: Address:  Postcode: Mobile No: Date of Birth: Relationship to Child/ YP: Language Spoken:	Other 1	Other 2				
Alternative Last Name: First Name: Address:  Postcode: Mobile No: Date of Birth: Relationship to Child/ YP: Language Spoken: Nationality:	Other 1	Other 2	□ Interpreter	□ Interpreter		

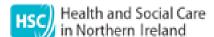
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# Understanding the Needs of Children in Northern Ireland A1 REFERRAL V2\_1

Section 4a: Summary of Referrer's Previous Involvement				
Section 4b: Referral Consent				
Child(ren) / Young Person(s)				
Is the Child(ren) / Young Person(s) subject to this referral aware the referral is being made?	Yes No No			
Does the Child(ren) / Young Person(s) consent to the Referral?	Yes No No			
If NO, please explain				
Parent/ Carer				
Is the Parents/ Carers aware that Referral has been made?	Yes No No			
Do they consent to the Referral?	Yes No No			
If NO, please explain				

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Role: Tel No:

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### Understanding the Needs of Children in Northern Ireland A1 REFERRAL V2\_1

Section 5: Additional Information: Agencies Currently Working with Child or Young Person

Agency and Contact Details

Name:

Name:
Role:

Tel No:
Email:

Name:
Role:
Tel No:

Email:
Name:
Role:

Tel No:
Email:

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