Referral for Placement/ Information Form

NAME:	**GENDER:** **Dob:**	**ETHNICITY:**
DISABILITY YES/NO	**RELIGION:**	
HOME ADDRESS:	**LEGAL STATUS:** **CPR: YES/NO** **CATEGORY:**	
ANY GEOGRAPHICAL CONSIDERATIONS FOR PLACEMENT:		
S/W'S NAME/TEAM	**RESPONSIBLE LOCAL AUTHORITY** **TEL NO.** **E-MAIL:**	
ACCOMMODATION AUTHORISED BY:	**DATE OF LAC PANEL:**	
OUTCOME OF LAC PANEL:		
FAMILY STRUCTURE: **Parents Name:** **Siblings:**	**Address:** **Tel No.**	
PARENTAL RESPONSIBILITY:	**ANY SIGNIFICANT OTHERS:**	

STRENGTHS OF RELATIONSHIPS:	**Contacts :** **Who with**: **What arrangements:** **Who not with**:
SCHOOL	**TEACHER/CONTACT PERSON** **HOURS PER WEEK**
TRANSPORT ARRANGEMENTS: **YES/NO**	**CHILD'S ATTITUDE TO SCHOOL:**
EDUCATION HISTORY:	
MEDICAL NEEDS: **Dietary:** **Medication**	**Allergies:** **Disability:**
OTHER AGENCY INVOLVEMENT/ PROFESSIONAL CONTACTS	
SPECIFIC PLACEMENT REQUIREMENTS:	

WHAT 'S LIKE AT HOME?	**CHILD'S POINT OF VIEW**:
PLACEMENT – DATE REQUIRED	**WHY NOW?**
ANY SPECIFIC INCIDENCES/CONCERNS:	
REASONS FOR ACCOMMODATION:	**ALTERNATIVES TRIED:**
TASK OF PLACEMENT:	**ESTIMATED LENGTH:**
PLAN FOR CHILD:	
WORK BEING UNDERTAKEN TO MAKE PLAN HAPPEN:	
PREVIOUS PLACEMENT HISTORY:	**REASONS FOR FINISHING:**

Likes /Dislikes: Interests Routines: Hobbies:	ATTITUDES: To adults/family/previous carers: Other children: Placement/being in care: Animals: Boundaries/experience of:
SAFETY/SUPERVISION ISSUES:	HISTORY: Allegations: Arson: Stealing: Violence: Abuse of others:
HABITS:	Self Harm: Substance misuse: Absconding behaviour Abuse to Child
CHILD'S PERSONALITY:	

ANY OTHER RELEVANT INFORMATION (for babies brief details of routine relating to sleeping, feeding, play activities etc.)	
PLACEMENT WITH:	DATE PLACEMENT MADE:
SUPPORT WORKER:	PLACEMENT MEETING BY:
DATE COMPLETED:	COMPLETED BY: