

## Corby Children's Centre Services Referral

Referrer	
<b>Name</b>	<b>Form completed with:</b>  Mother / Father / Carer
<b>Organisation</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact Number</b>	

Child Details	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact Number</b>	

Names of ALL adults in the home					
Forename	Surname	DOB	Relationship to each other	Main Carer Y/N	Ethnicity

Names of ALL Children in the home					
Forename	Surname	DOB	Relationship to each other	Main Carer Y/N	Ethnicity

Other agencies involved with family			
<b>Doctor</b>		<b>Health Visitor</b>	
<b>Tel:</b>		<b>Tel:</b>	
<b>Social Worker</b>		<b>Children's Centre</b>	
<b>Tel:</b>		<b>Tel:</b>	

**Please tick assessed level of need:**    1             2             3             4   
*Children's Centres Integrated Working Procedures – Managers & Practitioners*  
*Home-Start Corby Hardiker*

<b>Are any children the subject of a CAF / CIN Plan / CPP (category) / LAC or EHA? If so please give details, e.g. date of next review meeting / core group:</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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**Reason for referral:**.....  
 .....  
 .....  
 .....  
 .....

**Childs Voice:**  
 .....  
 .....  
 .....

Presenting needs		Please tick where appropriate	Please outline what outcomes are required
Family functioning	Parenting		
	Marriage, relationship or family breakdown		
	Domestic violence		
	Neglect		
	Child Protection		
Crime	Anti-social behaviour		
	Other reported offences / criminal activity		
Health	Mental health		
	Physical health		
	Emotional health		
	SEND		
Employment / Financial	Adults in the family not in education, training or employment		
	Debt or financial concerns		
Housing	At risk of homelessness / eviction		
Risky Sexual Behaviour	Known CSE		
	At risk of CSE		
	Sexual Harmful Behaviours		
Substance/Alcohol Misuse	Parental/family		

**Family strengths/resources:**.....  
.....

**Do any of the adults and/or children in this family have a special need/rights/disability?**  
**If yes, please give details**.....  
.....

**Are there any issues around health and safety that we need to consider when placing a worker with this family? i.e. large pets, poor access, domestic violence, drug or alcohol abuse**  
No  Yes  (please give details) .....  
.....  
Is this a smoking household? No  Yes

Interpreter required: Yes  No  Language:.....

**I can confirm that this referral has been made with the family's consent and they have given permission to share their information.**

**Signed:**..... **Date:**.....

*We try to respond to all referrals within 2 weeks of receiving this form.*

**Contacts:** Exeter Children's Centre – 01536 204765 Pen Green Children's Centre – 01536 400068  
HomeStart Corby – 01536 409612 Woodnewton A Learning Community – 01536 265173  
Kingswood Children's Centre – 01536 747508

For office use only:

Registration form completed	Y/N	
Entered on to Capita	Y/N	Date: .....
Entered on to Locality tracker	Y/N	Date:.....
Allocated to worker	Y/N	