

**WHO’S IN CHARGE**

**Referral Form (part 1 of 2)**

**)**

**Young Persons Details**

First Name(s):

Surname:

Date of Birth:

Postcode:

Click here to enter a date.

Address:

Mobile Number:

Ethnicity:

Language:

School : School Year:

Gender:

**Parent/Carer Details**

Full Name:

Address:

Home Number:

Mobile Number:

Postcode:

Contact Number:

Organisation:

Full Name:

Email Address:

Date of referral:

Click here to enter a date.

**Referrer Details (If not a self-referral)**

**aa**

**The Referral**

**Please add any relevant information here**, **for example**: Preferred days / times. Any safeguarding or risk assessment planning that needs to be shared. Safety of home visits etc.

Other agencies involved with parent and young person**:**

Please complete pre group referral questionnaire with parent/guardian on next page and return this along with referral by post or email.

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Email: rcarr@wakefield.gov.uk

Tel: 01977 724350 Work Mobile: 07899065891

Has the parent consented to the referral?: YES / NO. Is this a self referral: Yes /No

**Important:** **In the interests of best practice and safeguarding, families referred through statutory services, Early Help, Education, Voluntary sector or other agency must have a case manager, keyworker or lead professional with point of contact responsibility for the WiC facilitators and to offer through care support for the parent/s and family.**

What are you hoping the family will gain from the Who’s In Charge programme?