Falkirk Youth Services

Social Work Services Referral Form

Under new GDPR legislation, please ensure informed consent has been given by the young person and their parent/guardian (if appropriate)

|  |  |
| --- | --- |
| **Name:**  | **Date of Birth:** |

|  |  |  |
| --- | --- | --- |
| **Address:** | **Post Code:** | **Tel No:** |

|  |
| --- |
| Parent/Guardian: |

|  |
| --- |
| **School Attended:**  |

|  |  |
| --- | --- |
| Referral Offence(s) Committed: (type and location)[ | **Date(s) and time(s) of offence(s)** |

|  |  |  |
| --- | --- | --- |
| **Social Work** Involvement | **Yes / No** | **SW name:****Duty Worker or Allocated Worker:** |

**STATUS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Voluntary Supervision** |  | **Statutory Supervision** |  | **Other** |  |

|  |  |
| --- | --- |
| **Was a report requested in** **relation to this referral?** *(If Yes, please tick appropriate box)* |  Initial Initial Social Education  Enquiry Assess Background |

|  |  |
| --- | --- |
|  **Previous Offences:** **Type:** **Date:** **Outcome:** | **Yes/No Number:****Vandalism Assault BoP Theft Other:**  |

**Type of person harmed: personal/general public/ corporate. If corporate give details:**

**Has the young person had previous participation in a restorative process?**

**Any other useful information relating to referral (if possible, please provide information around any perceived risks) – Please use the SHANARRI Indicators when providing this information (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included):**

**Are the young person’s parent/guardian aware of the referral?**

Date**\_\_\_\_\_\_\_\_\_** Social Worker\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SW Area:

Contact details: