



Acorn Care(uk) Ltd  
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## Referral Information

Name of Young Person		D.O.B.	
Expected length of placement		Legal Status	
Expected date of admission			
Social Worker		Team Manager	
Local Authority Address			
Tel No.		Fax No.	
Address and contact details of previous placement if applicable			

## **Young Person's Background** for purpose of risk assessments and behaviour management

Current Situation and Behaviour:

Brief History of Previous Placements and reasons for breakdown:

Please do a brief chronology of placements.

Details of any Physical Assault on Peers, Carers or Police:

Please include details of any assaults, the severity and legal consequences

Is the Young Person Verbally Abusive?

Briefly describe use of language, ie threatening, sexual, intimidating, insulting etc.

**Previous Offences and Convictions:**

Please give details of any supervision, referral, action plan, ISSP and the reason for the orders.

**Outstanding Court Appearances, Court Conditions, etc:**

Please describe reason for appearances

**History of Criminal Damage:**

If possible describe the antecedent for damage and the extent of the damage caused

Any Formal Psychological/Psychiatric Assessments (copies please),CAMHS involvement?

Does the young person have a child protection plan?

If so, please send most recent Review/Case Conference Minutes

**Is the Young Person Prone to Make False Allegations?**

What are the context of the allegations and outcomes of allegations?

**Does the young person present a “Risk to Children”?**

Please include any bullying issues with detail where possible.

**History of any Drug/Substance/Alcohol misuse:**

Please give frequency of use if known and how the young person access items.

**History of any Self Harming:**

Please give details of antecedents and the context of the self harm.

**History of Arson or Fire-setting:**

**History of Absence without Authority:**

If possible provide a recent chronology of incidents, police involvement and concerns.

## **Education/Training/Employment Background**

**Brief educational history:**

Please give details of reasons for any exclusions.

**Existing/required education/training arrangements:**

Transport etc.

**Any individual needs/requirements:**

**Does the Young Person have an SEN; if so please give details:**

## Family

Mother:	Father:
Address:	Address:
Tel no.	Tel no.

Siblings:

### Contact Issues:

If S20 are there any constraints required in relation to contact.

Significant Others:

Any Special Ethnic, Religious or Dietary Needs?

## Medical Details

Brief Physical Description:

Height:

Weight:

Build:

Any Identifying Features:

Any Learning Disabilities?

Name of current G.P.

Address:

Tel No:

Any Specialist Involvement? Please include prescribed medication:

Any illness/condition of significance for activities or mood swings:

Date of last tetanus injection:

Any Recent Surgery:

Any allergies:

Is the Young Person Physically Fit?

Can the young person swim?      Y                      N

## **Positive Outcomes**

Recommendations from last LAC review

What is happening in the young person's life that they enjoy?

What does the young person do well?



What school classes/training does the young person enjoy?

What interests does the young person have?

As a placing authority what aspirations do you have for the young person during their time with Acorn Care (UK) Ltd?

**Please forward this completed referral document to**  
**[info@acorncare.org.uk](mailto:info@acorncare.org.uk)**