**Referral Form**

**1/Details of person being referred**

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Date of referral

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Name of child

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Parent /Carer contact details:

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Email

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Phone

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Date of Birth

Age:

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Name of school

(if known)

**2/Nature of referral**

Reason for referral

If possible, include the intended outcomes of the referral and the service you think will best support the child/family.

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Nature of support required (if known)

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Is there anything that we should be aware of? Please include any potential risks.

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Is the child receiving support from any other agency? If so, please specify. Include if under a child protection plan or whether Looked After.

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**3/Details of Referrer**

Name of person referring.

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Job Role

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Contact email/phone number.

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Consent given to share information with Bolton Together and wider agencies offering support for EHWB. Consent must be given before referring.

Email the completed form to: gail@boltonymca.co.uk