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| **PLACEMENT REFERRAL** |
| Has this referral been agreed by Resource Allocation Panel? Yes / No |
| Name of YP: | Age: | DoB: |
| Current address: | Legal status: |
| LCS Number  |
| Placement requested:(Highlight location and expected duration of placement) | Named social worker & team: (Person completing referral if other) |
| Reason for Request: |
| **Summary of YP/Family/placement background:****(Highlight aspects relevant to placement)** | What is working well? | What are you worried about? | What needs to happen? |
| **What education, training, employment is the young person involved in?** | What is working well? | What are you worried about? | What needs to happen? |
| **Focus for developing independent living skills – please highlight if the young person has any specific needs in practical, domestic, financial or interpersonal skills, including coping skills** | What is working Well? | What are we worried about? | What needs to happen? |
| Is there known Drug and Alcohol Y/N |
| Is there known Self Harm Concerns Y/N |
| Is there known CSE Issues / Concerns Y/N |
| Is there known County Lines Issues / Concerns Y/N |
| Is there known Mental Health Issues / Concerns Y/N |
| Is there known Physical Health Issues / Concerns Y/N |
| Is there known offending behaviour Y/N |
| Known risk factors/needs/behavioural factors to consider: |
| Risk assessment completed and attached (if not please state why) YES NO |
| Any known links to current resident groups:(include any known risks in terms of association) |
| **Managers Response** |
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