**WASLER**

**Children and Young People’s**   
**Referral Form (EXTERNAL AGENCY)**

|  |  |
| --- | --- |
| **DATE RECEIVED** |  |
| **REFERRERS NAME, ROLE & CONTACT DETAILS** |  |

**Delete as appropriate**

|  |  |
| --- | --- |
| **NAME OF CHILD** |  |
| **OASIS #** |  |
| **DOB** |  |
| **AGE GROUP** | 4-8yrs 9-12yrs 13-16yrs |
| **GENDER** |  |
| **SCHOOL ATTENDED** |  |
| **ADDITIONAL NEEDS** |  |
| **MAIN CARER NAME, ADDRESS & CONTACT DETAILS** |  |

**Delete as appropriate**

|  |  |  |
| --- | --- | --- |
|  | **CHILD/REN** | **CARER** |
| Are the child/ren and carer aware of the referral? | Yes No | Yes No |
| Do they agree with the referral? | Yes No | Yes No |
| Are they aware information about them may be shared? | Yes No | Yes No |

|  |  |
| --- | --- |
| **Does the child/ren have contact with the perpetrator?** | **Yes No** |
| If yes, is this contact formal? i.e. court ordered / supervision order / contact centre etc. Please give details. |  |

|  |  |
| --- | --- |
| Are there any child protection concerns? Current / previous / registered / voluntary / safe status etc please give details |  |
| Agencies involved with their contact details |  |
| Staff member who took referral |  |
| Date logged onto OASIS |  |
| Action taken / emailed to which manager? |  |

**Additional Information**

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| --- |
| **Please give a brief outline of the situation and issues pertaining to the child/ren….** |