

Horizons Referral Form
Security Classification: Restricted (once completed)

Adult being referred			
Forename:	Surname:	Date of Birth:	Ethnicity:
Address Details			
House Number / Name:	Street:	Town:	Post Code:
Safe Contact Details (please indicate preferred contact method)			
Home number:	Work number:	Mobile number: Safe to leave voicemail Y/N:	E-Mail address:
Employment Status/benefits:	Languages spoken:	Immigration Status:	Interpreter required:
			Y/N

Perpetrator			
Forename:	Surname:	Date of Birth:	Ethnicity:
Any Substance misuse:		Any mental health concerns:	
Address Details (if different from above)			
House Number / Name:	Street:	Town:	Post Code:

Children (living at same address)					School
Forename	Surname	Date of Birth	Mother	Father	

Referrers details		
First Name:	Surname:	Job Title:
Agency:	Tel:	E-Mail:

Other agency involvement			
Are there/were there other agencies involved? Choose an item.			
Name:	Job Title & Agency:	Contact details:	Currently Involved?

Reason for referral (please provide as much information as possible)	
Current Concerns (What has prompted this referral?)	Current relationship status

History of Abuse	Are there any protective orders in place (Civil or criminal)
What interventions have been tried or in place (i.e. CAF, Graded Care Profile, Social Care Referral, MARAC, Parenting Programme etc)	Children's Services current involvement detail

Other Information
(Other information relevant to this service request)

Do any of the following apply or have been completed:
(Please supply copies of EHA's CP/CiN minutes, TAF/CiN/CP Plans and dates of any relevant meetings such as Case Conference/Core Groups/TAF)

	Applicable (please tick)	Status (Live / Closed)	Date of Closure (if applicable)	Date of next multi-agency meeting
EHA / TAF				
Child in Need				
Child Protection				
Looked After Child				

Consent & data protection agreement

*The Early Childhood Partnership takes data protection very seriously and is committed to protecting your privacy. (Please visit www.ecpbedford.org to view our Privacy Policy) We will process the personal information you provide in a manner which is compliant with all applicable data protection legal requirements. **Information provided will not be shared with any third parties without prior consent unless it is necessary for the safeguarding/protection of a child or vulnerable adult***

I agree to the referral and understand why it is being made and my role within it	Yes / No
I understand that this is a voluntary process/referral and I can withdraw my consent at any time	Yes / No
I understand that information relating to myself or my child's needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer	Yes /No
I understand that the referral and information relating to myself or my child's needs will be logged securely on an electronic data management system which is hosted and accessible by Bedford Borough Council	Yes / No

I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with the Early Childhood Partnership		Yes / No
Client Signature:		Verbal Consent Obtained?
Referrers Signature:		Date:

By circling 'Yes' under verbal consent rather than obtaining a signature the referrer is confirming that all necessary consent requirements in this referral have been explained to the parent/carer and understood. The referrer is also confirming that the full content of the referral has been communicated to the parents/carers concerned.

Services requests can be emailed to Horizons@ecpbedford.org

Once the referral has been received a member of ECP staff will contact the referrer regarding next steps.

If you have any queries please contact a member of the team on 07375544259