**Family Finding Referral Form**

Child one

|  |  |
| --- | --- |
| Full Name |  |
| Client ID |  | Date of Birth  |  |
| Gender |  | Ethnicity  |  |
| Religion  |  | Disability  |  |

Child two

|  |  |
| --- | --- |
| Full Name |  |
| Client ID |  | Date of Birth  |  |
| Gender |  | Ethnicity  |  |
| Religion  |  | Disability  |  |

Child three

|  |  |
| --- | --- |
| Full Name |  |
| Client ID |  | Date of Birth  |  |
| Gender |  | Ethnicity  |  |
| Religion  |  | Disability  |  |

Please note – One referral to be sent for siblings who are to be placed together, if siblings are to be placed separately referrals are required for each child

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| --- | --- | --- | --- |
| Name and role of person making this referral request  |  | Date of referral to Adoption team  |  |

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| --- | --- |
| Child’s Social Worker |  |
| Team  |  |
| Telephone Number (including Mobile) |  |
| Email address |  |
| Team Manager  |  |
| Previous or any other Social Worker involved  |  |
| Team  |  |
| Telephone Number (including Mobile) |  |
| Email address |  |
| Team Manager |  |

|  |  |
| --- | --- |
| Current Foster Carers  |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| Local Authority Approved Foster Carer or Independent Fostering Association (include name of IFA) |  |
| Name of Supervising Social Worker  |  |
| Contact details of fostering service and SW  |  |

|  |  |
| --- | --- |
| Date child became looked after  |  |
| Date placed with current foster carer: |  |
| Legal Status and date  |  |
| Court Timescales Expected Dates  | Completion of CPR  |  |
| ADM timescales  |  |
| Final Evidence due |  |
| Care Management Hearing  |  |
| Issues Resolution Hearing  |  |
| Final Hearing  |  |

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| --- | --- |
| Geography - areas to be avoided |  |

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| **Name and contact details for any other professionals / agencies involved in the case** (including name and contact details) – e.g., Health, SALT, school, nursery |
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| --- | --- |
| Name |  |
| Contact details |

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| --- | --- |
| Name |  |
| Contact details |

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| --- | --- |
| Name |  |
| Contact details |

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**BIRTH FAMILY**

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| --- | --- |
| Birth mother’s name |  |
| Address |  |
| Contact Details |  |
| DOB |  |
| Ethnicity  |  |
| Religion  |  |
| Disability  |  |

|  |  |
| --- | --- |
| Birth father’s name |  |
| Address |  |
| Contact Details |  |
| DOB |  |
| Ethnicity  |  |
| Religion  |  |
| Disability  |  |
| Parental responsibility Y/N |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling Name  |  | Half or full sibling  |  |
| DOB |  | Maternal or paternal  |  |
| Care plan status LAC/Adopted/SGO or living with family  |  |  |  |
| Address |  |  |  |
| If adopted, then date of adoption and agency /SW involved  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling Name  |  | Half or full sibling  |  |
| DOB |  | Maternal or paternal  |  |
| Care plan status LAC/Adopted/SGO or living with family  |  |  |  |
| Address |  |  |  |
| If adopted, then date of adoption and agency /SW involved  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling Name  |  | Half or full sibling  |  |
| DOB |  | Maternal or paternal  |  |
| Care plan status LAC/Adopted/SGO or living with family  |  |  |  |
| Address |  |  |  |
| If adopted, then date of adoption and agency /SW involved  |  |  |  |

**Assessments currently taking place** – EG Family and Friends, Sibling assessments, Psychological assessments, parenting assessments

|  |  |  |
| --- | --- | --- |
| Assessment  | Date due | Person completing |
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| Briefly describe the reasons for why the Local Authority are involved. **The child's needs to be considered for matching criteria**  |
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