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DRAGONFLIES REFERRAL FORM

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| Date of referral:  |  | Re-referral? Y/ N |
| Initial contact date:(complete by FSN Admin) | PR Number:(completed by FSN Admin) |
| Child/young person’s name:  |
| DOB:  | Age: | Gender:  |
| Main Parent/ Carers Name: |  | 2nd Parent/ Carers Name: |  |
| Address:  |  | Address: |  |
| Post Code:  |  | Post Code: |  |
| Tele No: |  | Tele No: |  |
| Mobile: |  | Mobile: |  |
| Email: |  | Email: |  |
| Does the family know about this referral? Y / N  |
| School Attended: Year:  |
| If applicable please state any reason why a worker should not home visit alone: |
| Parental permission to contact school and other agencies if applicable: Y / N |
| Any other agencies involved (give contact details where possible): |
| Name of referring organisation:  | Name of referring person: |
| Referrer’s contact number: | Referrer’s email address:  |
| Reason for referral | Death:  | Pre-Bereavement |
| Date of Death (if applicable) |  |
| **Relationship to child/YP(tick one)** | **Cause of death (tick one)** |
|  Mother/stepmother  Father/stepfather  Brother/step-/half-brother Sister/step-/half-sister  Grandmother (mum’s side)  Grandmother (dad’s side) Grandfather (mum’s side) Grandfather (dad’s side)  Aunt  Uncle  Friend  Young person’s own baby/child Other (please specify) |  Illness: death expected by child  Illness: death expected but child not aware Illness – sudden death  Road traffic accident Illness – COVID 19 Other accident  Suicide  Murder/manslaughter  Not yet determined  Other (please specify) |

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| Was the person who died one of the child’s main carers? Yes No Not sure |
| **Life changes for the child/YP since the death (tick all that apply)** |
|  Main carer newly alone after death of partner New main carer Parental separation or divorce New step-parent New sibling(s) or step-sibling(s) House move Change of school (apart from usual transitions) Move into foster/residential care Loss of contact with family members Loss of contact with friends |
| **Safeguarding Issues?**(CP/LAC/etc.) |
| **Current risks?**(self-harm/ suicidal thoughts/risky behaviour) |
| **Any further referral information (i.e. change in child behaviour/cause for concern/ support needed)** |
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Please return form to: Dragonflies, Robsack Centre, Bodiam Drive,

St Leonards-on-sea, East Sussex, TN38 9TW

or

email: enquiriesdragonflies@fsncharity.co.uk

Registered Charity No. 208446