**CATE Referral Form**

Please email completed referral form to: familyconnect@telford.gov.uk

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| Date of referral to Family Connect Safeguarding: |  |
| Date of CATE Team consultation: |  |
|  |
| **Referrer Details:** |
| Referrer’s Name |  | Job Title |  |
| Referring Agency |  | Date of Referral |  |
| Telephone Number |  | Email Address |  |
| Agency Address |  |
| **Young Person’s Details:** |
| First Name | Surname | Other Names |
| Date of Birth | Age | Gender | Details of Education/Employment/Training |
| Young Person’s current addressPost code:  | HUB |
| Hadley Castle | [ ]  |
| Wrekin  | [ ]  |
| Lakeside South | [ ]  |
| Young Person’s current contact numbers (Home / Mobile): |
| Details of any dependents?  |
| Ethnicity **To insert a cross in the check boxes hover over the box and double click, then select “checked”** |
| [ ]  White British | [ ]  Indian | [ ]  White/Black Caribbean | [ ]  Caribbean |
| [ ]  White Irish | [ ]  Pakistani | [ ]  White/Black African | [ ]  African |
| White Other (Specify) | [ ]  Bangladeshi | [ ]  White/Asian | [ ]  Black Other (Specify) |
| Asian Other (Specify) | Mixed Other (Specify) |
| [ ]  Chinese | Other ethnic group (Specify) |
| **Parent / Carer Details:** |
| Name: |  |
| Address:(including post code) |  |
| Contact Number: |  |
| Name of person Young Person is living with: |  |
| Relationship to Young Person: |  |
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| **Consent****Parent/Carers/Young Person MUST be informed of this referral** |
| Parent/Carers Consent | [ ]  Yes | [ ]  No |
| Young person consented to referral | [ ]  Yes | [ ]  No |
| **Social Care Details** |
| Known to Children’s Social Care: | [ ]  Yes | [ ]  No |
| Social Worker Details: | Name: | Contact Details: |

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| **Other Agency Involvement:** |
| Agency: | Agency Contact: | Contact Details: |
| Agency: | Agency Contact: | Contact Details: |
| Agency: | Agency Contact: | Contact Details: |
| **Risk Indicators and details of Child Exploitation**Please complete information in the relevant sections below |
| 1. Association with risky peers/adults

(please add full names, context, location and frequency any indicators of coercive/controlling behaviour) |
| 1. Missing from home/care

(please add length/frequency/unreported and location if known) |
| 1. Concerns with education/employment/training

( Please add provision attended, Exclusions, modified timetable, specific concerns, educational needs) |
| 1. Unexplained gifts/items

(please provide details –include food/travel/train/bus tickets) |
| 1. Offending behaviour

(Please provide details, any information relating to carrying weapons? Youth Justice involvement?) |
| 1. Emotional & Physical Welling

(Please provide details of emotional well-being needs, self-harm, current or historical, support in place, any significant bereavement, physical assaults or unexplained injuries)  |
| 1. Concern regarding use of internet/social networking sites

(Please provide details) |
| 1. Relationship breakdown parents/carers

(Please provide details) |
| 1. Change in behaviour

(Please describe changes eg: change in appearance/presentation, more withdrawn/extrovert etc) |
| 1. Substance/alcohol misuse

(Please provide details, current/historical, factual or suspected) |
| 1. Associating with others at risk of/being exploited

(Please provide full names and context) |
| 1. Lack of engagement with Services

(eg Sexual health, social worker, Stars, Support worker) |
| 1. Previous abuse

( Please consider all Adverse Childhood Experiences) |
| 1. Young Persons awareness of risk

(Please provide details of your discussion with the Young Person in respect of this referral ensuring that the language used is non victim blaming ) |

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| **Other relevant information** |
| **PLEASE INCLUDE YOUR VIEW ON HOW PARENTS/CARERS ARE RESPONDING TO THE ISSUES OF EXPLOITATION**  |
| **For Safeguarding use ONLY****Please cut & paste further information from Protocol** |
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