



Children's Social Work Duty and Intake Referral Form

Date:	Agency making Referral:	Name / designation / contact details:	Relationship to Child(ren):

Do you consider this a Child Protection Referral?	Yes / No
Was this phoned in to the Duty Social Worker initially	Yes / No

Do you consider this a Child Welfare Concern?	Yes / No
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Name of Child(ren) referred:	DOB:	Gender	Named Person:
First Name	Surname		
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	

Address:

Contact Details:

Name of other Child(ren) in household:	DOB:	Gender	Named Person:
First Name	Surname		
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	

GP / Health Visitor / Midwife details:	
Early Years / School / College:	
Open Childs Plan:	Yes / No Lead Professional:
Additional Support Needs: If known	Yes / No / Not known If yes please specify:

Ethnic Origin	White / Mixed / Asian or British Asian / Black or Black British / Not Known / Other (please specify)
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Religion	Church of Scotland / Roman Catholic / Other Christian / Muslim / Buddhist / Sikh / Jewish / Hindu / Pagan / None / Not Known / Other (please specify)
First Language	English / Not Known / Other (please specify)

Family Composition					
Name	DOB	Relationship Child	Employment/School/other	Residence different	PRR
Mother:					Yes / No
Father:					Yes / No
Carer:					Yes / No

Details of Referral – what service are you requesting from social work?

Where there is a disclosure of harm, provide details of alleged perpetrator where known / specific incidents – dates, times, witnesses, any visible injuries / history of previous concerns.

Is Child Aware of Referral? Yes / No	Are Parents Aware of Referral? Yes / No
Where is the child now:	Whereabouts (if known) of siblings:

Category of Concern if Child Protection Referral (tick as appropriate)	Child Exploitation	
	Children Placing Themselves at Risk	
	Domestic Abuse	
	Emotional Abuse	
	Neglect	
	Non-engaging family	
	Physical Abuse	
	Parental Alcohol Misuse	
	Parental Drug Misuse	
	Parental Mental Health Problems	
	Sexual Abuse	
	Other concern(s) – Please specify:	

Summary of Previous Involvement with Family – please attach agency chronology - if available

Signed

Please attach a copy of your agency's chronology and Child's Plan if available, along with this referral and send to:

**Duty & Intake Manager
Children & Families Team
Hayfield House
Hayfield Lane
Lerwick**

ZE1 0QD Tel: 01595 744420 - childrens&families-intake@shetland.gov.uk