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| **DERBY CITY COUNCIL framework SERVICES**  FAMILY GROUP CONFERENCES  **FGC PROGRAMME** Referral Form |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrer’s Name** | **Job Title** | **DCC Team/Locality** | **Direct Line** | **Working hrs.** | **Email** |
|  |  |  |  |  |  |

**Referred Child/ren:**

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Sex** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**OTHER Children IN THE FAMILY:**

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Sex** |
|  |  |  |
|  |  |  |
|  |  |  |

**Current caregiver:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** |
|  |  |  |  |

**Parents:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other known family members:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Ethnic Origin of Family?** |  |
| **Families First Language?** |  |

|  |  |  |
| --- | --- | --- |
| **Does the Family have a history of DV?** | **Yes** | **No** |
| **Are you aware of any Police callouts for DV?** | **Yes** | **No** |
| **Name & contact number of last attending Police Officer** |  | |

|  |  |
| --- | --- |
| **Is the child on the CP register?** | **category** |
| **Is the child subject to PLO** |  |
| **Is there an agency worker safety issue?** |  |
| **Special needs of family/child e.g. disability:** |  |
| **Does the child have or need an advocate?** | **Details of advocate** |
| **Does any adult have or need an advocate ?** | **Details of advocate** |

**Other service providers involved:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Telephone** |
|  |  |  |
|  |  |  |
|  |  |  |

**Reason for Conference or PLO :** (Please include a brief description of the current situation and if known the proposed questions to be addressed)

Up to three main items to be addressed within the conference.

**Family view of referral:**

**Young person’s view of referral:**

**I agree with information being shared with the FGC coordinator for the purpose of the Family Group Conference.**

|  |  |
| --- | --- |
| **Family member signature** |  |
| **Young person signature** |  |
| **Referrers signature** |  |
| **Referrers manager signature** |  |

***Please note, the referrer needs to attend the entire Family Group Conference***

**Please email this referral to:**

vcm3and4@derby.gov.uk Phone: 01332 362120

|  |  |
| --- | --- |
| Date received | Date of allocation |
| Name of coordinator | Date inputted |

**Privacy Notice**

*The above information is collected for the purpose of allowing the Council to collect and store relevant data for Family Group Conferencing Cases to be recorded and reported. This is for the purposes of monitoring outcomes and effectiveness of Family Group Conferencing Cases.*

*Your information will not be shared outside of Derby City Council or Safe & Sound. Your data is processed in accordance with the Data Protection Act 2018.*

*Information will also be used for anonymised statistics included in reports.*

*For further information about how your personal information will be used, please visit* [***https://www.derby.gov.uk/council-and-democracy/data-protection/data-protection-act/***](https://www.derby.gov.uk/council-and-democracy/data-protection/data-protection-act/)*where you can see a full copy of our Privacy Notice.*