Appendix C

 **CSE MARAC**

**Referral Form**

This form is to be completed by the allocated Social Worker/Lead Professional working with the young person. It should then be sent to Jean.Williams@bathnes.gcsx.gov.uk

|  |
| --- |
| **Young Persons Details** |
| **Name** |  | **DOB** |  |
| **Address** |  | **School/College** |  |
| **Living at home** | Yes | No |
| **If not at home, where and with whom** |  |

|  |
| --- |
| **Professional Network** |
| Please list key agencies involved and contacts within each agency: |
|  |  |
|  |  |
|  |  |
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| **Presenting concerns** |
| Please state your concerns include any names of possible perpetrators, locations and any other intelligence related |
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| **Analysis of current risk** |
| What is the referrer’s view of the level of risk and what might be the consequences to the young person if CSE issues are not addressed? |
|  |

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| **Referrer’s details** |
| **Name** |  |
| **Organisation** |  |
| **Email** |  |
| **Telephone no.** |  |

By placing the referral, the Social Worker/Lead Professional commits to attending the Panel and presenting the issues/concerns to the Panel for discussion.

The referral cannot be discussed unless a SERAF is completed alongside this referral

Revised January 2016