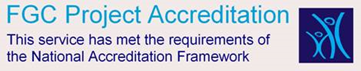
**Family Group Conference Referral** 

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| --- | --- |
| Version | 2024/02 |
| Date | 23/07/2024 |
| Person | FGC Manager |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer details** | | **Date** |  |
| **Name** |  | **Direct contact number:** |  |
| **Job Role** |  | **Email Address** |  |
| **All the information in this form will be shared with everyone involved in the Family Group Conference (GDPR compliance will be followed) . Please give consent for this to happen in order for this referral to progress** | | **Yes  No** | ***If you have selected ‘No’ please contact the FGC Manager for a discussion before progressing the referral.*** |
| **Do you have consent from the person(s) with parental consent?** | | **Yes  No** | ***Please gain consent before progressing*** |
| **Are you available to meet with the co-ordinator within 7 working days of this referral? Please circle** | | **Yes**  **No  \*\*Please state why** | |
| **Current status of children– Please Select**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **CIN** | **CP** | **PLO** | **CLA (LA)** | **CLA (Family)** | | | **Predicted status of children if nothing changes – Please Circle**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **CIN** | **CP** | **PLO** | **CLA (LA)** | **CLA (Family)** | | |

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| **Children** | | | | | | |  |
| **Surname** | **Forename** | **PID number** | **DOB - Age** | **Gender** | **Current Address**  **(NB full postcode)** | **School** | **Diagnosed Additional Needs** |
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| **Key Family Members** | | | | | | |
| **Surname** | **Forename** | **DOB** | **Gender** | **Current Address (NB full postcode)** | **Contact number** | **Relationship to children** |
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**Reason for referral**

Domestic violence

Physical Harm

Substance misuse

Mental health

Neglect

Contact

Permanency planning

Reunification

Relationship building

Sexual abuse

|  |  |
| --- | --- |
| **What are your concerns? Please choose from the list to the right** | |
| Primary |  |
| Secondary |  |
| Tertiary |  |

|  |
| --- |
| **What outcomes do you want from the FGC?** |
| **What is working well?** |
| **What are you worried about?** |
| **Are there any orders/restrictions/risks in place relating to the family? Please provide details.** |
| **What questions do you want the family to focus on in the FGC?** |
| **What will happen if nothing changes?** |
| |  |  |  |  | | --- | --- | --- | --- | | **Do any of the family members have specific needs in relation to the Family Group Conference? *If you choose yes for any of the questions below, please provide more details.*** | | | | | Is an interpreter/ signer required? | No  Yes | Do any of the family members have a disability? | No  Yes | | Are there any specific health/ medical needs? | No  Yes | Are there any dietary needs, including allergies? | No  Yes | | Are there any literacy needs? | No  Yes | Are there any religious or cultural needs? | No  Yes | | Is a child/adult advocate needed? | No  Yes |  |  |   Referrer Signature:  Email form to: **FGCReferrals@nelincs.gov.uk** |