# Complex Case Panel

# Referral Form

## Personal Details

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB:**  |  |
| **Gender:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Housing Status:** | (Private, Council, Owner occupier, H.A, NFA). |
| **Additional Needs:** | (Language, disability, age). |
| **Consent given for referral and share sensitive data?**Signature provided from person to confirm consent | Yes / No Date consent obtained:If verbal, who obtained consent:  |

## Mark the appropriate box that applies to this case and / or reason for referral without consent.

|  |  |
| --- | --- |
| Adult Safeguarding  |  🞏 |
| Child Safeguarding |  🞏 |
| Prevent and Detection of Crime/ASB |  🞏 |
| Risk of eviction / currently homeless |  🞏 |
| Mental Capacity / Mental Health |  🞏 |
| Substance Misuse |  🞏 |
| Domestic Abuse |  🞏 |
| Risk of death and/or injury |  🞏 |
| **Please specify concerns:**(Hate Crime / CSE / Repeat Victimisation) |  |

## Agency/Professional Involvement

|  |  |
| --- | --- |
| List of services / professionals you have contacted as a result of this information and or services currently involved. **Including names and contact details**(Police, MASH, Social Care) |  |

|  |  |
| --- | --- |
| **Referring Service:** |  |
| **Professional’s Name:** |  |
| **Professional’s Telephone number:** |  |
| **Professional’s Email:** |  |
| **Date of Referral:** |  |

## Reasons for Referral:

|  |
| --- |
| Provide available information, including all known safeguarding and vulnerability matters, associated risks and specific reports and incident/case numbers relating to the referral. Please note all issues and what support has been offered.Also results of any referrals made previously. |
| **Please specify.**  |

|  |
| --- |
| **As part of our Internal Reporting we are required to ask the following questions – please answer as the lead professional.****Following the case being closed from Panel you will be asked further questions about the disposal of the case.** |
| 1. What are your expectations from the Panel?
2. Why have you brought this case to Panel?
 |

**Complex Cases Panel Risk Assessment Score**

**Please enter a score for your referred individual as follows.**

**1 = a low score (poor)**

**5 = a high score (good)**

|  |  |  |
| --- | --- | --- |
| **Risk/Vulnerability** | **Entry Score** | **Exit score** |
|  |  |  |
| Knowledgeable |  |  |
| Safety |  |  |
| relationships |  |  |
| coping |  |  |
| Choice/control |  |  |
| Happiness |  |  |

**When the form is completed please send this securely to:**

**ashfieldCCP@ashfield.gov.uk**