**Professional Referral Form for Adoption Support**

**Enquirer (person making the enquiry)**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **First Name** |  |
| **Surname** |  |
| **Organisation/relationship to child** |  |
| **Has parental consent been given for the referral (See attached form)** |  |
| **Address** |  |
| **Tel no** |  |
| **Email** |  |

**Main Subject of the Enquiry – Child**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Local Authority where the child lives?** |  |
| **Placing Local Authority** |  |
| **Date of adoption order** |  |
| **Date of Birth**  |  |
| **Date Placed** |  |
| **Address****Postcode** |  |
| **First Language** |  |
| **Second Language** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Nationality** |  |
| **Religion** |  |
| **Relationship to referrer** |  |

**Any other children in the household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **DOB**  | **Gender**  | **Ethnicity**  | **Child’s Status Birth/Adopted/SGO** |
|  |  |  |  |  |
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|  |  |  |  |  |

**Parent/Carer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Address**  | **Phone number/s** | **email** |
|  |  |  |  |
|  |  |  |  |

**Other agencies involved for example school or health?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Address**  | **Phone number/s** | **email** |
|  |  |  |  |
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**Any previous involvement with any adoption support service.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Contact details** | **Type of support** | **Approx. date** |
|  |  |  |  |
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| **Reason for referral (Brief summary of the primary issues)** |
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| **Are there any educational issues to take into consideration?** |
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| **Are there any health issues to take into consideration/outstanding medical assessments** |
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| **What has already been tried to resolve these issues and how effective have these measures been?** |
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| **Parents views**What goals do parents want to achieve and what would help? |
|  |
| **Any other relevant issues** |
|  |
| **Recommendations** |
|  |

**Please submit the completed referral and signed consent form to** **PASupport@wigan.gov.uk**