

# Cohesion Services - CATE Referral Form

Please email completed referral form to: [familyconnect@telford.gov.uk](mailto:familyconnect@telford.gov.uk)

Date of referral to Family Connect Safeguarding:	
Date of referral to CATE if appropriate:	

## Referrer Details:

Referrers Name		Job Title	
Referring Agency		Date of Referral	
Telephone Number		Email Address	
Agency Address			

## Young Person's Details:

First Name	Surname		Other Names	
Date of Birth	Age	Gender	Details of Education/Employment/Training	
Young Person's current address			HUB	
Post code:			Hadley Castle	<input type="checkbox"/>
			Wrekin	<input type="checkbox"/>
			Lakeside South	<input type="checkbox"/>

Young Person's current contact numbers (Home / Mobile):

Details of any dependants?

Ethnicity **To insert a cross in the check boxes hover over the box and double click, then select "checked"**

<input type="checkbox"/> White British	<input type="checkbox"/> Indian	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Caribbean
<input type="checkbox"/> White Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White/Black African	<input type="checkbox"/> African
White Other (Specify)	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White/Asian	<input type="checkbox"/> Black Other (Specify)
	Asian Other (Specify)	Mixed Other (Specify)	
<input type="checkbox"/> Chinese	Other ethnic group (Specify)		

## Parent / Carer Details:

Name:	
Address: (including post code)	
Contact Number:	
Name of person YP is living with:	
Relationship to YP:	

## Social Care Details:

Known to Children's Social Care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Worker Details:	Name:	Contact Details:

**Other Agency Involvement:**

Agency:	Agency Contact:	Contact Details:
Agency:	Agency Contact:	Contact Details:
Agency:	Agency Contact:	Contact Details:

**Risk Indicators and details of CSE**

Please complete information in the relevant sections below

1. Association with risky peers/adults:
2. Missing from home/care :
3. Concerns with education/employment/training:
4. Unexplained gifts:
5. Offending behaviour:
6. Self Harm :
7. Concern regarding use of internet/social networking sites:
8. Relationship breakdown parents/carers:
9. Change in behaviour:
10. Substance/alcohol misuse:
11. Associating with others involved in CSE:
12. Lack of engagement with Sexual Health Services:
13. Previous abuse including domestic abuse:
14. Self awareness of risk:

**Please identify all assessments / plans that apply to this young person & attach a copy; if no current assessments/plans in place please tick none**

To insert a cross in the check boxes hover over the box and double click, then select "checked"

NONE  CAF  TAC  TAF  CPP  Joint Assessment  Initial Assessment

SEN (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

**Other relevant information  
(Including Safeguarding information from Protocol)**

**Consent  
Parent/Carers/Young Person MUST be informed of this referral**

Parent/Carers Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Young person consented to referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For CATE use ONLY (if appropriate)**

<b>Referral Accepted:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allocated Date:	Allocated Worker:
<b>Reason for decline</b>	<input type="checkbox"/> More information required <input type="checkbox"/> Other
Comments:	
CATE Specialist/ Manager:	Date: