

School Referral Form

Children & Young People

Domestic Abuse Support



01942 311365

CYPsupport@diasdvc.org

Section 1 – Referrer Details

Name of referrer: _____

School: _____

Email: _____

Job title: _____

Address: _____

Telephone number: _____

Date of referral: _____

Section 2 – Child/Young Person's Details

Full Name: _____

Year Group /Class _____

Ethnicity: _____

Date of Birth _____

Gender _____

Home Address: _____

Parent/Carer Name (s): _____

Parent/Carer contact number _____

Legal Guardian (If different) _____

Who does the child live with? _____

Section 3 – Reason for referral

Brief description of concerns:

(Please summarise the issues leading to this referral, including any incidents witnessed, disclosures made, or observed changes in behavior.)

Has the child disclosed abuse?

What impact is the situation having on the child (emotionally, socially, academically)?

Section 4 – Risk & Safeguarding information

Is the Child open to Children's Services?

Yes No Unsure

If yes, please provide details (lead professional/social worker name and contact):

Has an Op-encompass referral been received?

Yes No

If yes, please provide date of referral

Section 5 – Consent

Has consent been obtained from parent/carer for this referral?

Yes No

Is the child aware of the referral?

Yes No

Section 6 – Additional Information

• Any relevant background information, e.g. attendance, family circumstances, involvement with other agencies:

Section 7 – Referrer Signature

Signature: _____

Date: _____