

FREELANCE SOCIAL WORK SERVICES LIMITED
SUPERVISED CONTACT, ESCORTING AND MENTORING
CONFIDENTIAL AGENCY REFERRAL FORM

Young person's details			
Surname	Forename	Date of Birth	Gender

Agency details	
Social Worker Name	Address
Emergency contact telephone No.	
Length of time known to the young person	

Please give all relevant details about the young person you are referring, including care history, family background, any episodes of violence, emotional, mental or behavioural difficulties, any health problems and offending behaviour. Please attach a separate sheet if required. NB - FAILURE TO DETAIL INFORMATION THAT MAY PUT STAFF AND OTHERS AT RISK COULD RESULT IN THE CONTRACT BEING TERMINATED WITH NO FINANCIAL LOSS TO FREELANCE SOCIAL WORK SERVICES LTD. ANY DAMAGE TO PROPERTY OR STAFF CAUSED AS A RESULT OF NOT DISCLOSING INFORMATION AT THE POINT OF REFERRAL WILL BE THE RESPONSIBILITY OF THE REFERRING AGENCY.

What particular support do you feel the young person requires and what do you expect from this service.

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Declaration – I understand that this information to be true and correct to the best of my knowledge.

Referrer's signature	
Position	
Date	

Please return this form to:

Freelance Social Work Services Ltd
First Floor Office
25 Hertford Road
Enfield
EN3 5JD

Fax: 020 8805 4673
Tel: 020 8443 2656