**THIS DOCUMENT SHOULD NOT BE SUBMITTED TO FIRST RESPONSE**

**THIS IS A WORD VERSION OF THE NEW FIRST RESPONSE WEBFORM.**

**THIS FORM IS SHARED WITH AGENCIES FOR TRAINING PURPOSES, OR TO ASSIST IN PREPARING REFERRALS. – REFERRALS MUST BE RECEIVED ON THE WEBFORM. THIS CAN BE ACCESSED AT:** [**https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern**](https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern)

**Report a concern about a child or young person**

Report a concern about a child or young person: for professionals

You should only use this form if you're a professional. If you're not then you should call First Response on 0117 903 6444.

All fields are mandatory unless marked as optional.

**Parental consent**

Do you have consent to make this referral from the parents or carers?

[] Yes

[] No

Sometimes we’ll need to share this information with other agencies who might be able to help. We'll also usually need to get additional

information about the children and family from other agencies to help us to make the right decisions about the support that's needed.

These agencies include:

schools

health professionals

the Police

Early Years settings

CAMHS

If the parents or carers haven’t agreed to this then we won't be able to progress this referral for further support. **It's important that this question is answered accurately as information sharing must happen legally and with consent.**

Have the parents or carers agreed that we can share information this information with other

agencies?

[] Yes

[] No

**Your details**

Your full name:

Job title or relationship to the child and young person:

Organisation:

Phone number:

Email address:

Full address:

**Children in the family**

How many children are there in the family?

Will an interpreter be needed for any of the children?

Details for children:
Name:

Date of Birth:

Address:

School or Nursery:

Gender:

Ethnicity:

Religion:

First Language:

**(must be completed for each child).**

**Parents and Carers**

How many parents, carers, or other adults are involved?

Will an interpreter be needed for any of the adults involved?

Name:

Date of Birth:

Address:

Phone number:

Relationship to the child:

Do they live with the child?

Ethnicity:

Religion:

First Language:

**(must be completed for each parent / carer)**

**Other professionals involved**

Are any other professionals involved?

[] Yes

[] No

Are they working with just one child, or more?

**Worries**

Why are you requesting help for this family?

Have you spoken to other professionals working with the family about your concerns?

What are the views of the child or children on this situation and the referral?

What are the parents’ or carers’ views on the situation?

What is the impact on the children of the worrying issues you’ve identified?

**Strengths**

What’s going well for the parents or carers?

What’s going well for the children?

**Final Questions**

What services or support have already been offered to the family?

What work has been successful or unsuccessful?

Are there any risks to staff when working with this family?

Is there anything else we need to know to help us to make the right decisions for the children involved?

**Next Steps**

What support do you think would address the worries you’ve raised?

You will then be directed to review and check the information that you have written. You can still make changes at this point. You will then be asked to submit the information.

When you submit the information you will be redirected to a page confirming that your referral has been submitted and advising on the next steps that will happen within First Response.

You will then receive feedback by letter or email from a First Response manager when a decision is made about your referral.

**Please be aware that incomplete referrals will be sent back with advice and will not be accepted.**