



Referral No Date

Post Birth Assessment Application Referral Form

STAGE 2

*(To be completed instead of, or to complement LAC's EIR 1 form at time of admission)
 * IF NEEDED THE REVERSE SIDE OF THESE PAGES CAN BE USED FOR CONTINUATION -
 Clearly number accordingly.*

Information completed by Time & date

Information provided by Designation

Placement made? Yes No Name of carer(s)

Date of planning meeting prior to the placement?

Venue?

Pre-disposing risk factors identified

Name of baby	Known as	Date and place of birth	
Name of baby's mother	Any aliases/Known as: Parental responsibility?	Date and place of birth: Age:	
Home Address:		Phone no: Mobile: E mail	
Name of baby's father	Any alias's/ Known as Parental responsibility?	Date and place of birth Age:	
Homes address:		Phone no: Mobile: E mail	
2. Any other significant names and addresses? Please include past carers including, residential, siblings and other family members, friends / girlfriends, neighbours, teachers / significant others.			
Name	Address	Relationship	Phone Number/s

Have any children been removed in the past What circumstances led up to it What has changed since then						
3. Any person with contact arrangements? Detail including whether ordered / direct / phone / frequency of contact etc.	5. Name of referring agency:					
	Address:					
	Phone number:		Fax:			
	Worker responsible:					
	Direct line number:		Fax:			
	Manager:					
	Phone number:		Fax:			
	4. Any person to avoid contact with? Please also detail why?	Finance Contact:				
		Address:				
		Phone number:		Fax:		
Emergency / out of hours phone number:						
NB provide copies of any orders						
5 About mother Any personal health issues?						
Birth information						
Brief description of birth parent(s)						
Place of birth mother NAME	Height:	Weight:	Eye colour:	Hair colour:	Distinguishing marks / features?	
Place of birth father NAME	Height:	Weight:	Eye colour:	Hair colour:	Distinguishing marks / features?	
6. About the baby - Is a recent photo being provided? YES NO						

Place of birth	Height:	Weight:	Eye colour:	Hair colour:	Distinguishing marks / features?
Who has legal responsibility? <i>Please give details-</i>			Legal status:	Does the child / Young person hold a valid passport? YES NO Whereabouts? Number:	
Religion: Practising? YES NO	Hobbies / interests:		Pets / special toys?	Any favourite foods?	
Does child / Young person have any established and routine? <i>Please give details-</i>					
Any agreed financial arrangements? <i>Please give details-</i>					
7. Does child / Young person have an advocate? YES NO <i>please give name and detail-</i>					
Does child / Young person have a guardian? YES NO <i>please give name and detail-</i>					
8. Medical / health / safety details- hospital consultant					
Medical staff in hospital with significant links					
Type of birth and any complications					
Does the child / Young person have current medical (FFI)? YES NO Date: Is medical consent attached? YES NO Date: National insurance card? YES NO Medical card?		Name of last G.P: Address: Phone No: Who will undertake		Any other medical specialist involved? – <i>Please give names & contact numbers.</i> Any outstanding appointments? If yes please give details YES NO	

<p>YES NO</p> <p>On going health record book?</p> <p>YES NO</p>	admission medical?	
<p>Is there any on going medical treatment that needs to be detailed? <i>If yes please list clearly the name/s of any medication and how it is to be administered.</i></p> <p>YES NO</p>	<p>Does child / Young person have any serious allergies / reaction to food / drugs? <i>If yes please give details</i></p> <p>YES NO</p>	<p>Name of dentist:</p> <p>Address:</p> <p>Phone no:</p> <p>Any outstanding appointments / problems?</p> <p>YES NO</p> <p>Urgent? YES NO</p>
<p>Has child / Young person had the following inoculations? <i>If yes please insert date</i></p>		
Rubella	YES NO	Date: Meningitis YES NO Date:
Flu	YES NO	Date: Polio YES NO Date:
Hepatitis A	YES NO	Date: Hepatitis B YES NO Date:
Tetanus	YES NO	Date: Other
<p>Is there any virus which a carer needs to take particular note? e.g. Hepatitis/Herpes/Chlamydia/S.T.D/HIV?</p> <p>YES NO <i>if yes please give details</i></p>		
<p>9. Does the parent smoke?</p> <p>YES NO</p>	Smoking boundaries -outline	
PLEASE OUTLINE THE SMOKING POLICY OF THE PLACING AGENCY: expand		
10. Education		

<p>Name of current / last school:</p> <p>Type of education - <i>primary / secondary / special etc?</i></p> <p>Schools address:</p> <p style="text-align: center;">Schools phone no:</p> <p>Current school status? <i>FULL-TIME / PART-TIME / TEMPORARILY EXCLUDED / PERMANENTLY EXCLUDED</i> <i>Detail:</i></p>	<p>Name of teacher:</p> <p>Phone no:</p> <p>E.S.W.? YES NO</p> <p>Phone no:</p> <p>Name:</p> <p>Other link? <i>E.g. Ed. Psych.</i> YES NO</p> <p>Name and title:</p> <p>Phone no:</p> <p>Detail:-</p>
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11. Offending patterns of behaviour?

<p>History of offending? YES NO</p> <p>Give brief outline of offending behaviour, when, to whom, frequency, was it recent?</p> <p>Identified risk through offending behaviour not covered elsewhere:</p>	<p>Court appearances outstanding? YES NO</p> <p>Name / date of court appearance:</p> <p>Name of responsible worker:</p> <p>Role:</p> <p>Address and phone no.</p> <p>Detail any current order: <i>e.g. Supervision order / action plan order, attendance centre order / deferred sentence / other-</i></p> <p>Any accompanying documentation / appointment cards etc</p>
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Contingency planning:
 Absconding
 Abusing baby
 Abusing substances
 Mother's physical./ emotional ill health back up plans
 Supervision plans

Contact plans can parent take baby out –if so for how long, with whom and under what supervision *What are your authorities' policies and procedures for this placement on this? (Police check requirements etc)*

Is there an NEWFOCAS outline care plan written and signed

Is there a LAC essential information on file part 1

Is there a Lac part 2

Is there a LAC care plan a) for Mum (if under 18 years
b) for baby

What is the date of the multi disciplinary planning meeting

What day of first LAC review

What is date proposed of first SW stat visit?

Is there a service level agreement completed

COMMUNICATION & INFORMATION SHARING

How are all parties going to communicate?

How is information is going to be shared - when
Feedback arrangements on suitability of placement

Good quality and open communication is crucial for safe matching of placements. **NEWFOCAS** Ltd expects open and honest written disclosure of previously know about risky or dangerous behaviours. Failure to disclose such, with subsequent unacceptable risk to carers or others in placement may result in the immediate withdrawal of a placement.