****BSOL KEY WORKER SERVICE**

40 Rupert Street, Nechells, Birmingham B7 4PS

Telephone 021 359 5333



**BSol Keyworker Service Consent and Referral Form**

**Part 1: Consent**

**Keyworker Support**

I have spoken to the young person / adult and they are happy to be contacted by Barnardo’s to understand more about the **Keyworker Service.**

The young person / adult is also happy to discuss details of their case with Barnardo’s in order to assist the allocated Keyworker to plan for initial contact.

**Best Interest Decision**

*If the young person lacks capacity to give consent, then a decision can be made ‘in best interests’.*

Who is the named decision-maker for this Best Interest Decision?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that a capacity assessment has established the young person lacks capacity to make this decision and a best interest meeting has taken place.

Please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent of Young Person (YP)**

Provide young person’s / adult’s details so that Barnardo’s can record and store information, enabling them to understand the young person / adult’s journey so far.

\* Mandatory

|  |  |
| --- | --- |
| **\*Young Person’s Name** |  |
| **\*Date of Birth** |  |
| **\*Signed by Young Person and/or Parent/Carer** |  |
| **Today’s Date** |  |
| **\*Name of Referrer** |  |

If the young person / adult is not in agreement to have a Keyworker, please state reason/s to inform learning from the pilot and share with Barnardo’s. All information in the section below is anonymous.

|  |
| --- |
| **Reason/s for declining a Keyworker:** |

**Part 2: Referral**

|  |
| --- |
| **\*Date of Referral:**  |
| **Young Person / Adult**  |
| **\*Forename:**  | **\*Surname:**  |
| **\*Date of birth:**  | **\*Gender:**  |
| **\*Address:**    | **\*Phone number (Young Person/Adult):**  |
| **\*Postcode:**   | **Email Address (Young Person/Adult):**  |
| **\*NHS Number:**   | **Ethnic Origin:**  |
| **\*GP Surgery & Address:****\*GP Name:**   | **Sexual Orientation:**  |
| **\*Current living situation:** * Residential Educational Setting
* Inpatient - Ongoing
* Inpatient – Awaiting Discharge
* At home - Independent or with family
* Placement
 | **\*Current DSR Status:**o Red o Ambero Green o In Patient  |
| **\*Location Details If Inpatient:**  | **Name Of Hospital:** **Name Of Consultant:** **Address:****Tel:** |
| **Does young person have a preference to the gender of their key worker?** | **Yes** [ ]  **No** [ ] **Comments:** (We will try to accommodate gender preference wherever possible) |
| **Emergency Contact**  |
| **Contact Person 1** | **Contact Person 2** |
| **\*Full name:**  | **\*Full name:**  |
| **\*Relationship to Young Person/Adult :**  | **\*Relationship to Young Person/Adult:**  |
| **\*Phone Number of Emergency Contact:**  | **\*Phone Number of Emergency Contact:**  |
| **\*Email Address of Emergency Contact:**  | **\*Email Address of Emergency Contact:**  |
| **Additional Information:**  | **Additional Information:**  |
|   |   **Lead Professional**  |
| **Name:**  |  |
| **Organisation or Team:**  |  |
| **Address:**  |  **Post Code:**  |
| **Telephone Number:**  |  |  |
| **Email Address:**  |  |
| **Does the young person/adult know about, and consent to, referral?** | **Y/N** **Comments:**  |
| **Does the young person/adult consent to the Parent/Carer being contacted?** | **Y/N** **Comments:**   |
| **Detail all other Agencies/Services Involved including:**

|  |  |
| --- | --- |
| * **Social worker**
 | **Name:****Tel:****Email:** |
| * **Care Co-ordinator**
 | **Name:****Tel:****Email:** |
| * **Education Placement**
 | **Name:****Tel:****Email:** |
| * **Lead contact in school**
 | **Name:****Tel:****Email:** |
| * **Residential home manager where applicable**
 | **Name:****Tel:****Email:** |
| * **Any other Key Professional**
 | **Name:****Tel:****Email:** |

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| **To avoid unnecessary repetition and ensure a speedy service please include the following:**  |
| **\*Please include all relevant information with the Referral** (Tick box if provided)  |
| **1**  | **Social Care & Health Assessments**  | **Attached** [ ]  |
| **2**  | **Minutes of Meetings** | **Attached** [ ]  |
| **3**  | **CETR Action Plans** | **Attached** [ ]  |
| **4**  | **EHCP** | **Attached** [ ]  |
| **5**  | **Behaviour Plan** | **Attached** [ ]  |
| **6** | **Risk Assessments**  | **Attached** [ ]  |
| **7** | **Any known risks for this CYP that the key worker needs to consider?** | **Yes** [ ]  **No** [ ] **Comments:** |
| **Keyworker Intervention discussed with Lead Professional?** |  **Y/N** **Comments:**  |
| **Referrer’s hopes for Outcomes:**  |

Please return form to: bsol.barnardos@nhs.net