

# Letting the Future In

An NSPCC intervention for children or young people affected by sexual abuse

## Referral Form

NSPCC Sheffield Service Centre  
35 George Street  
Sheffield  
S1 2PF

Tel. 0114 228 9200  
Fax 0114 228 9229

To avoid any delay in processing the referral form please complete all sections as fully as possible

Name of Referrer: .....

Professional Role: .....

Agency: .....

Address: .....

.....

Post Code: .....

Tel. No: .....

Mobile: .....

1. **PERSON REFERRED**

Forename(s): .....

Surname: .....

Date of Birth: .....

Gender: .....

Nationality.....

Religion:.....

Ethnicity:.....

**Preferred Language:**.....

**Sexual Orientation:**

- Practice Decision not to ask.....
- Prefer not to say.....
- Bi-Sexual .....
- Gay Woman/Lesbian.....
- Gay Man.....
- Heterosexual/Straight.....
- Unsure.....
- Other.....

**Learning or Physical Disability/Health Issues?**

Yes                   No

**If yes, please provide details:**

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**Address:** .....

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**Post code:** .....

**Contact telephone number:** .....

**Mobile:** .....

**School attended:** .....

Is this child/young person aware of your referral and willing to attend?

Yes                   No

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2. **NON-ABUSING CARER**

**Please provide details of who is caring for the child:**

Name	Address & Contact Telephone Number	Date of Birth	Gender	Ethnic Origin	Relationship to the child

**Is the non-abusing carer in agreement for work to take place with them?**

Yes  No

**Do you believe the child/young person is fully supported by the non-abusing carer?**

Yes  No

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3. **ALLEGED PERPETRATOR**

**Please provide details of the alleged perpetrator, their relationship to the child and their current status:**

Name	Address & Contact Telephone Number	Date of Birth	Gender	Ethnic Origin	Relationship to the child

**Any further relevant details in relation to the alleged perpetrator (e.g. current status):**

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**4. OTHER SIGNIFICANT ADULTS**

**e.g. parents, carers, extended family, family friends, partners. Please indicate who has parental responsibility, and specify if any adult poses a risk to children. Please continue on a separate sheet if necessary.**

Name	Address & Contact Telephone Number	Date of Birth	Gender	Ethnic Origin	Relationship to referred person	Poses risk?

**5. SIGNIFICANT CHILDREN/YOUNG PEOPLE**

**Continue on a separate sheet if needed.**

Name	Address & Contact No. (if relevant/ different to referred person)	Date of Birth	Gender	Ethnic Origin	Relationship to referred person

**6. OTHER AGENCIES**

**Please list other agencies involved.**

Agency	Contact Name, position, address, telephone and email	Summary of involvement

Has this referral been made to any other agencies?

Yes  No

If yes, please provide details

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**7. SAFEGUARDING ISSUES**

Is the referred child/young person looked after?

Yes  No

Is the referred child subject to a child protection plan?

Yes  No

Please provide brief details of child protection plan/ safeguarding comments

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**Are there any outstanding investigations or court proceedings?**

Yes       No

Please provide details

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Please provide details of contact arrangements where appropriate

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Safeguarding issues and any immediate risks:

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CAF completed: .....

**8. REASON FOR REFERRAL**

How has the abuse affected the child/young person?

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Age of child when abuse took place, how long for, chronology of events/details of abuse?

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When and by whom was the allegation disclosed to the police/children's services?

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Does the child/young person display inappropriate sexual behaviour?

Yes       No

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**9. CURRENT CIRCUMSTANCES**

Please list any additional details relevant to the referred person's current circumstances:

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**10. POLICE INVOLVEMENT**

Is there currently any police involvement?

Yes  No

If yes:

Investigating police officer: .....

Tel No: .....

Date incident(s) reported to the police or social services: .....

Did the child/young person make a DVD/statement?

Yes  No

If the case did not proceed to trial, please give reasons:

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**PARENT/CARER:**

**SIGNED**..... **Name (print)**.....

**DATED**.....



**As part of our process we generally arrange a professionals meeting before meeting with families. This is to help us understand the child’s needs and helps us to assess whether we can start the assessment phase in our work prior to meeting the child. Do you consent to us speaking to agencies involved with you and your family? (Please circle and write any additional details below)**

**YES/ NO**

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**REFERER:**

**SIGNED**..... **Name (print)**.....

**DATED**.....

**Please return completed referral form to:**

NSPCC Sheffield Service Centre  
35 George Street  
Sheffield  
S1 2PF

**PLEASE ATTACH ANY RELEVANT PROFESSIONAL REPORTS**