**INDIVIDUAL CASE REVIEW REFERRAL FORM (CHILDREN)**

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| **Date of Referral:** |  | | **Referred By:** |  | |
| **Name of Child/Young Person:** |  | | | | |
| **Address:** |  | | | | |
| **Date of Birth:** |  | | **Date of Death/ Incident (if relevant):** | |  |
| **Name, Address and DOB of Parent(s):** |  | | | | |
| **Previous Addresses (if known):** |  | | | | |
| **Name, Address and DOB of any siblings:** |  | | | | |
| **Details of any other significant person(s):** |  | | | | |
| **DECISION CHECKLIST** | | | | | |
| Has the child/young person died? YES/NO | | | | | |
| If no, has the child/young person sustained potentially life threatening injury, or; YES/NO  sustained serious and permanent impairment of health or development? YES/NO | | | | | |
| Was Abuse or Neglect potentially associated with the event detailed above? YES/NO  Yes/No | | | | | |
| Was Abuse or Neglect suspected prior to the event detailed above? YES/NO  Yes/No | | | | | |
| Is there an indication that Abuse or Neglect was not recognised or shared with others? YES/NO | | | | | |
| Is there an indication that Abuse or Neglect was not acted on appropriately? YES/NO | | | | | |
| Has the child/young person been on the Child Protection Register in the last 6 months? YES/NO | | | | | |
| Has the child/young person been a Looked After Child in the last 6 months?YES/NO | | | | | |
| Was the child/young person abused in a regulated setting? YES/NO | | | | | |
| Have you identified any learning relating to multiple organisations and/or is there a  potential to identify and improve multi-agency practice and partnership working YES/NO | | | | | |
| **RATIONALE FOR REFERRING THIS CASE:** | | | | | |
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| **HAS ANY OTHER REVIEW BEEN REQUESTED OR UNDERTAKEN? Please provide details:** | | | | | |
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| **BRIEF OVERVIEW OF AGENCY INVOLVEMENT** | | | | | |
| **Children Services:** | | | | | |
| **Education:** | | | | | |
| **CAMHS:** | | | | | |
| **Health:** | | | | | |
| **Police:** | | | | | |
| **National Probation Service:** | | | | | |
| **Wales Community Rehabilitation Company:** | | | | | |
| **YOS:** | | | | | |
| **Other:** please specify | | | | | |
|  | | | | | |
| **TO BE COMPLETED BY THE CHAIR OF THE CTMSB CHILD REVIEW GROUP:** | | | | | |
| **DECISION OF THE CHILD REVIEW GROUP (including type of review or remit to QASG):** | |  | | | |
| **RATIONALE FOR DECISION:** | |  | | | |
| **DATE:** | |  | | | |