**COMPLEX STRATEGY REFERRAL FORM**

**Date of Referral: Click here to enter a date.**

**Section 1 - Referral Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child(ren) Involved** (please add more rows if required) | | | | | | |
| Forename(s): | Surname: | M/F: | DOB: | Address: | PARIS ID: | Social Worker: |
| Forename(s) of child | Surname of child | M/F | DD/MM/YYYY | Full address - including postcode | ###### | Name of social worker |
| Forename(s) of child | Surname of child | M/F | DD/MM/YYYY | Full address - including postcode | ###### | Name of social worker |
| Forename(s) of child | Surname of child | M/F | DD/MM/YYYY | Full address - including postcode | ###### | Name of social worker |
| Forename(s) of child | Surname of child | M/F | DD/MM/YYYY | Full address - including postcode | ###### | Name of social worker |
| Forename(s) of child | Surname of child | M/F | DD/MM/YYYY | Full address - including postcode | ###### | Name of social worker |
| Forename(s) of child | Surname of child | M/F | DD/MM/YYYY | Full address - including postcode | ###### | Name of social worker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adult(s) Involved** (please add more rows if required) | | | | |
| Forename(s): | Surname: | M/F: | DOB: | Address: |
| Forename(s) of adult | Surname of adult | M/F | DD/MM/YYYY | Full address - including postcode |
| Forename(s) of adult | Surname of adult | M/F | DD/MM/YYYY | Full address - including postcode |
| Forename(s) of adult | Surname of adult | M/F | DD/MM/YYYY | Full address - including postcode |

**Section 2 - Details of Concerns**

|  |
| --- |
| **Details of Concerns** (please state if there have been any previous concerns with the subject or young person(s)) |
| \* Full details of concerns |

**Section 3 – Professionals to be invited**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professionals to be invited** (please list professionals who are to be invited to this meeting) | | | |
| Name | Role | Agency | Email Address |
| Full name | Job title | Name of Employer | Email address |
| Full name | Job title | Name of Employer | Email address |
| Full name | Job title | Name of Employer | Email address |
| Full name | Job title | Name of Employer | Email address |
| Full name | Job title | Name of Employer | Email address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Default invitees** (For your information – the following professionals are invited to all Complex Strategy Meetings) |  |

|  |  |  |
| --- | --- | --- |
| **Default invitees**  (For your information – the following professionals are invited to all Complex Strategy Meetings) | | |
| Name | Role | Agency |
| Misper Team  (for CSE or Missing Persons only) | Missing Persons | Police  [EEMMisperTeam@devonandcornwall.pnn.police.uk](mailto:EEMMisperTeam@devonandcornwall.pnn.police.uk) |
| PPU (for other cases) | Police | Police |
| MASH | Duty TM |  |
|  | CP Named Nurse for area |  |
|  | Clinical Specialist for Safeguarding | NHS |
|  | Team Manager |  |
|  | Service Manager |  |
|  | CSE Practice Lead |  |
|  | Service Manager |  |
|  |  |  |
|  | Child Sexual Exploitation Project Worker |  |
| CSE cases only | Sexual Assault Referral Centre | [ndht.paediatricsarc@nhs.net](mailto:ndht.paediatricsarc@nhs.net) |
|  | Team M | Initial Response |

**Section 3 - Referrer’s Details**

|  |  |
| --- | --- |
| Name: \* Your name | Telephone numbers |
| Job Title: \* Your job title | Work: \* ########### |
| Organisation: \* Name of organisation | Mobile: \* ########### |
| Referral from: \* Please choose agency type | |
| Email address:\* Your email address | |