



## London Borough of Havering

### Referral for a viability / full (delete) assessment of a connected person (Family and Friends Carer)

To be used to request an assessment of a proposed carer to establish if they are suitable to undergo a full SGO/Foster Care / Adopter assessment OR to refer for a full assessment once a viability has been completed

### **POTENTIAL CARERS INFORMATION**

<b>FIRST APPLICANT</b>			
FULL NAME		Date of birth	
<b>SECOND APPLICANT (if applicable)</b>			
FULL NAME		Date of birth	
Present address			
		Postcode	
Home Tel:		Mobile no.	
Email:			
Religion:		Ethnicity:	
Languages spoken :		Is an interpreter needed?	Yes / No

**What is the pre existing relationship with the child/ren?**

**CHILD (REN) DETAILS**

Name

Gender

Date of birth

Ethnicity

Religion

CCM number (s)

Please give brief Case History (below)

**Reason for referral – Include the type of assessment that will be required if the outcome is positive**

**What are the child (ren) immediate and longer term needs?**

**i. Immediate**

**ii. Long term**

**What is the current Care Plan?**

**LEGAL STATUS OF THE CHILD (REN)**

Legal status?

Are there any court hearings pending? If so, is the Viability Assessment required for the court proceedings?

Yes / No

If yes, please give dates and details below

Name of the Borough Solicitor?

When is the Viability Assessment Report required by?

**CHILD (REN) PARENTS INFORMATION**

Mothers name		Date of birth	
Present address			
	Postcode		
Fathers name		Date of birth	
Present address			
	Postcode		
What is the view of both parents and family members about the possibility of the child(ren) /young person being placed with the applicant?			
What is child(ren)/young person(s) view?			

**CHILDREN'S SOCIAL WORKER & MANAGERS DETAILS**

Social Worker

Print Name .....

Signature ..... Date .....

Manager

Print Name .....

Signature ..... Date .....

**PLEASE ATTACH ANY ADDITIONAL REPORTS TO ASSIST THE ASSESSING SOCIAL WORKER TO COMPLETE THE VIABILITY ASSESSMENT**

