**BCP Out of Hours Referral form**



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| **Name of Child** **(& siblings)** | **Age & DOB**  | **Mosaic or Care Director No:** | **Primary address & Telephone numbers** |
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| **Childs Status :**  |  CIN / CP / S47 / CIC (S20,S31) / Care Leaver |
| **Is the case in PLO?** | \*if yes what orders are in place |
| **Allocated Worker / Team** |  |
| **Manager / SP** |  |
| **Parent / Carers / Adults in household** |  |
| **Date children last seen:** |  |

|  |  |
| --- | --- |
| **Type of referral:**Please delete what’s not applicable. | * Visit Request (how many if wkend request)
* Telephone contact
* Information only
 |
| **Purpose of OOHS Visit / Intervention:** |  |
| **Best time for contact / visit:** Please delete what’s not applicable.(\*\*this cannot be guaranteed) | * Daytime - 9am-5pm
* Evening - 5pm – 9pm
* Late - after - 9pm
 |
| **Worker Safety** Is this a 1 or 2 person visit? |  |
| **Risks workers need to be mindful of?** |  |
| **Health section:** **Do any members of the household have health vulnerabilities and should workers wear PPE on visit?**: |  |
| **Access to property** ?Is the property easy to find, if flats is it accessible, does buzzer work? Dogs?  |  |
| **Physical description** of any adults who should not be in the home at time of visit. |  |
| **Contingency Plans OOHS need to be aware of if high risks identified?****Who in the Family/Friends network can offer support –** **Please provide** **Contact number:**  |  |

**Request from: (Team and Social Worker)**

**………………………………………………………………………………………………..**

**Date:**