Special Guardianship Referral Form

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| Name of Local Authority |  |
| Child care social worker’s name: |  |
| Local office & address: |  | Telephone Number: |  |
| Social worker’s email address: |  |
| Are the applicants aware this referral is being made and do they understand what a SGO entails?  |  |
| Name of children to be placed | Address  | Date of Birth & Gender  | Ethnicity  | Legal status | Disabilities  |
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| Details of potential special guardian(s) to be assessed |
|  | APPLICANT ONE | APPLICANT TWO |
| Family name |  |  |
| Forename(s) |  |  |
| Previous Name(s) |  |  |
| Relationship to the Child  |  |  |
| Gender |  |  |
| Date of Birth |  |  |
| Age |  |  |
| Ethnicity |  |  |
| Religion |  |  |
| Nationality |  |  |
| Place of Birth |  |  |
| Primary language in the home |  |  |
| Is the applicant registered disabled |  |  |
| Email address |  |  |
| Landline Number |  |  |
| Mobile Number |  |  |
| Current Address |  |  |
| Please give date of residence at thataddress | From:To: | From:To: |
| Name of home local authority |  |  |

**CHRONOLOGY**

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| --- | --- |
| DATE  |  |

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| If the child is already living with the applicant, has a connected persons/fostering assessment being completed or has been completed? Or are fostering involved? |  |
| Name of Fostering SW |  |

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| **ANY RISK TO PROFESSIONALS?**  |  |
| **Has a risk assessment been completed on any family members** (please attach. Give date, name of SW assessing, and the person/s being assessed). |  |

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| Children under 18 living in the household |
| Family name | Forename | Gender | Date of Birth | Age | Relationship to applicant |
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| Adults living in the household |
| Family name | Forename | Gender | Date of Birth | Age | Relationship to applicant |
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| Relationships to children (**PARENTS** or Significant Person) |
| Name | Relationship | Address | Potential Danger | Date of Birth |
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| Reason for proposed placement and parents views: |  |

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| Assessments | Suitability Yes/NoDate | Viability assessment Yes/NoDate |
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Please attach suitability / viability assessment with referral.

Legal services:

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| Allocated Guardian: |  |
| Name of local authority solicitor: |  |
| Name of barrister: |  |
| Is this a Private Assessment? | Yes/No  |

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| Date for filing SGO assessment: |  |

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| Social Worker |
| Name | Signature | Date |
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| Team Manager |
| Name | Signature | Date |
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Please return the form to Lorraine.Anderson@aspireadoption.co.uk