Special Guardianship Referral Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | |  |  | |  | |  |  |
|  | |  |  | |  | |  |  |
|  | |  |  | |  | |  |  |
|  | |  |  | |  | |  |  |

|  |  |  |
| --- | --- | --- |
| 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 that  address | From:  To: | From:  To: |
| Name of home local authority |  |  |

**CHRONOLOGY**

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

|  |  |
| --- | --- |
| 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 |  |

|  |  |
| --- | --- |
| **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). |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Children under 18 living in the household | | | | | |
| Family name | Forename | Gender | Date of Birth | Age | Relationship to applicant |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adults living in the household | | | | | |
| Family name | Forename | Gender | Date of Birth | Age | Relationship to applicant |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationships to children (**PARENTS** or Significant Person) | | | | |
| Name | Relationship | Address | Potential Danger | Date of Birth |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Reason for proposed placement and parents views: |  |

|  |  |  |
| --- | --- | --- |
| Assessments | Suitability Yes/No  Date | Viability assessment Yes/No  Date |
|  |  |  |

Please attach suitability / viability assessment with referral.

Legal services:

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

|  |  |
| --- | --- |
| Date for filing SGO assessment: |  |

|  |  |  |
| --- | --- | --- |
| Social Worker | | |
| Name | Signature | Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Team Manager | | |
| Name | Signature | Date |
|  |  |  |

Please return the form to [Lorraine.Anderson@aspireadoption.co.uk](mailto:Lorraine.Anderson@aspireadoption.co.uk)