

Ar Trac supports children and young people (5-16) who have experienced or witnessed domestic abuse and who are exhibiting difficulties with their family and peer relationships.

Consent must be obtained from one parent/guardian

Details of Referrer:

Name: Click or tap here to enter text.	Date of referral: Click or tap to enter a date.
Address: Click or tap here to enter text.	Job Title: Click or tap here to enter text.
Telephone: Click or tap here to enter text.	
Email: Click or tap here to enter text.	
Has informed consent been obtained from the Young Person / Child to make this referral:	
<input type="checkbox"/> Yes <input type="checkbox"/> Verbal <input type="checkbox"/> Written	
<input type="checkbox"/> No If not, why not? Click or tap here to enter text.	

Details of Child/Young Person:

Name: Click or tap here to enter text.	D.O.B. Enter date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Gender Identity? Click or tap here to enter text.	Sexual Orientation: Click or tap here to enter text.	
Ethnicity: Click or tap here to enter text.	Religious Beliefs: Click or tap here to enter text.	
Is the CYP adopted or looked after? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please give further details: Click or tap here to enter text.		
Additional Support Needs <i>e.g. Cognitive age:</i> Click or tap here to enter text.	Disability: Click or tap here to enter text.	
Address: Click or tap here to enter text.		
Telephone: Click or tap here to enter text.		

Family Composition:

Status Within Family (e.g. Mother)	First name/s	Surname	D.O.B.	Gender	Household Members
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Education Details:	
Setting Name: Click or tap here to enter text.	
Address: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Next of Kin details:	
Details of next of kin/Emergency Contact	
Name: Click or tap here to enter text.	Relationship to CYP: Click or tap here to enter text.
Address: Click or tap here to enter text.	D.O.B.: Click or tap to enter a date.
Contact telephone number/s: Click or tap here to enter text.	

Perpetrator details:	
Name: Click or tap here to enter text.	D.O.B.: Click or tap to enter a date.
Relationship to CYP: Click or tap here to enter text.	Address: Click or tap here to enter text.
Contact arrangements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Please give details: Click or tap here to enter text.	
Any vital background information: Click or tap here to enter text.	
Risk factors to the CYP: Click or tap here to enter text.	Risk factors the support worker: Click or tap here to enter text.

Reason for Referral/Experience of Domestic Abuse	
Reason for referral and CYP's experience of domestic abuse (level of risk, length of exposure) - Please give details: Click or tap here to enter text.	
Has CYP been referred to or accessed specialist services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please give details: Click or tap here to enter text.	
Does the CYP/Parent/Caregiver have any additional emotional and/or mental health needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please give details: Click or tap here to enter text.	

Safeguarding:	
Has the CYP been discussed at a MARAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Date if known: Click or tap to enter a date.	
Has the CYP been involved with Child Protection Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous: <input type="checkbox"/> Yes <input type="checkbox"/> No Please give details: Click or tap here to enter text.		Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Please give details: Click or tap here to enter text.	
<input type="checkbox"/> Child Protection <input type="checkbox"/> CIN <input type="checkbox"/> LAC <input type="checkbox"/> Care order Other (please state): Click or tap here to enter text.	<input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect Other (please state): Click or tap here to enter text.	<input type="checkbox"/> Child Protection <input type="checkbox"/> CIN <input type="checkbox"/> LAC <input type="checkbox"/> Care order Other (please state): Click or tap here to enter text.	<input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect Other (please state): Click or tap here to enter text.

Social Worker Details:	
Name: Click or tap here to enter text.	Location: Click or tap here to enter text.
Tel: Click or tap here to enter text.	Email: Click or tap here to enter text.

Other Agencies Involved:		
Organisation:	Worker Name:	Contact:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Are there any identified safety risks? (Animals, substance misuse, mental health etc) <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify: Click or tap here to enter text. Any risks to visiting property or from any other family member: Click or tap here to enter text.
--

Please note that if the CYP will be undertaking any Break4Change group work or 1:1 support work, sibling violence support or any other perpetrator support then there will need to be additional paperwork to complete in support of this

Please return hard copy of form, marked CONFIDENTIAL to:

West Wales DAS, North Ceredigion, 42 Portland Rd, Aberystwyth, SY23 2NL
 West Wales DAS, South Ceredigion & North Pembrokeshire, Napier Street, Cardigan, SA43 1ED

Or Please return electronically to:
artrac@westwalesdas.org.uk

Any issues/questions telephone:
 North Ceredigion - 01970 612 225

