

**National Childcare Residential Services
Referral Form**

**Please complete and return to:
Manager, National Childcare Residential Services, Wimbletown Lodge,
Ballyboughal, North County Dublin.
Fax: 01 8078924**

Personal Details:

Name of Young Person: _____

Date of Birth: _____

Religion: _____ Practising: _____

Current Address: _____

Hobbies: _____

Referring Social Worker: _____

Location: _____

Phone No. _____

Date of Referral: _____

Reason for referral: _____

Young Persons temperament: _____

How does the young person relate to adults: _____

How does the young person relate to their peers: _____

Has the young person required intervention from Guards/Courts: _____

What are the main areas of concern for this young person/family: _____

Placement Expectations _____

What are the long term plans for the young person: _____

Does the young person have any apparent fears/ phobias: _____

Does the young person have any special needs: _____

Has the young person been psychologically assessed: _____

Has the young person been in foster care: _____

If so what was the reason for breakdown and is there any contact with foster family: _____

Details of previous care placements, dates, duration and reason for breakdown: _____

Current doctors name & phone number: _____

Young persons Physical Appearance: _____

Height: _____
Weight: _____

Serious illnesses to date: _____

Allergies: _____
Vaccinations received and dates: _____

Blood group: _____

Areas of concern: _____

Is the young person currently/have been in therapy/counselling: _____

If not are there any recommendations: _____

Educational History

Name and address of current school/ course: _____

Name and address of previous schooling: _____

Has the young person been educationally assessed: _____

Any areas of concern educationally: _____

Family Details

Next of kin: _____

Mothers Name: _____

D.O.B: _____

Address: _____

Relationship with young
person: _____

Current level of
contact: _____

Fathers Name: _____ D.O.B _____

Address: _____

Relationship with young
person: _____

Current level of
contact: _____

Siblings Name: _____ D.O.B _____

Address: _____

Relationship with young
person: _____

Current level of
contact: _____

Siblings Name: _____ D.O.B _____

Address: _____

Relationship with young
person: _____

Current level of
contact: _____

Siblings Name: _____ D.O.B _____

Address: _____

Relationship with young
person: _____

Current level of
contact: _____

Siblings Name: _____ D.O.B _____

Address: _____

Relationship with young person: _____

Current level of contact: _____

Maternal

Grandparents: _____

Address: _____

Relationship with young person: _____

Current level of contact: _____

Paternal

Grandparents: _____

Address: _____

Relationship with young person: _____

Current level of contact: _____

Significant others: _____

Address: _____

Relationship with young person: _____

Current level of contact: _____

Other Information

Proposed contact with social worker: _____

Presenting behaviours of concern: _____

Young persons
triggers: _____

Pervious successful
intervention: _____

Any criminal
charges: _____

Current
solicitor: _____

Any other relevant
information: _____

Will the young person have a Care Plan on admission to National Childcare
Residential Services, and if not within a maximum of one week?
Yes _____ No _____

Name of Social Worker responsible for implementing Care Plan: _____

Proposed length of placement: _____

Review date: _____

Signed: _____

If you require any clarification on any points please don't hesitate to contact me on
087 6834097

Your sincerely
Clive Lyons.