

CHILD PROTECTION REFERRAL PROFORMA

Date and time of referral:					
Referring Professional Name:					
Contact details:					
Agency:	Social services:	T&W	Shropshire	Powys	Police
Child's Name:			Address:		
Date of Birth:					
Parents' details:					
Parental responsibility:	Mother / Father	Local Authority		Other	
Sibling Names and dates of birth:					
Referral details:					
Known Child in Need Plan & Child Protection Plan:					
Parents will provide consent			Consent to be provided by Court		
Consultant aware:			YES	NO	N/A
Name:					
CPM required @ COPD PRH	Date to be done:		13:00 slot 15:00 slot		
No CPM required			SARC referral advised		
Name GMC No: Grade:			Signature:		

