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| **Refer Details** |
| Refer Name |  | Agency |  |
| Date of Referral  |  | Locality |  |
| Referrer Email |  | Contact No  |  |

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| **Child’s Details** |
| Child’s Name |  | D.O.B. |  |
| Contact No |  | Gender |  |
| Address |  | School |  |
| Sexuality |  |
| Disability |  |
| Is the child aware of this referral? |  |

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| **Parent/Carer Details** |
| Name |  | Contact No |  |
| Is the parent aware of this referral? |  |

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| **Required Information** |
| Child’s Plan Status*CLA/CP/CIN/EH* |  |
| Summary as to why this young person is on a plan. |  |
| Has a Child Exploitation Risk Assessment been completed? |  | Category |  |
| Date completed |  |

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| **Reason for Referral – Signs of Safety Mapping** |
| Summary of what the child exploitation concerns are. |  |
| What is working well? | What are you worried about? | What needs to happen? |
|  |  |  |

**Please send all completed referral forms directly to our email address below.**



GET IN TOUCH

Please contact the R.A.C.E. team if you would like any support or to discuss the referral process.

**Email:** CumbriaChildExploitation@barnardos.org.uk

**Telephone:** 07720811407