



Manchester Road
Tintwistle
Glossop
Derbyshire
SK13 1NE
Tel: 01457 860200
Email: info@arnfieldcare.co.uk

Referral form

Arnfield Tower Activity Centre is a children's home registered with OFSTED (SC020133) DCSF Registered (830/6034) and licensed with AALA (L1305).

About the child/young person	Full name:		
Nationality:	What does the child prefer to be called?		
Ethnic/racial origin:	Date of birth:	Age:	Male/Female
With what culture does the child most identify?	Address before Arnfield Tower:		
Does the child have a religion? If so, give details			
Practising/nominal	Tel no:		
Is the child's name on the Child Protection Register? If so, give details	Fax no:		
	<u>Current legal status under Children Act 1989</u>		
	Accommodated / interim care order /full care order		
	Other (give details)		
Other relevant orders (eg Adoption)	Does the child have any recorded offences/cautions/outstanding criminal matters? Give details.		
The referring authority	Name of local authority:		
Does any other local authority have responsibility for the child? (eg supervising authority) If so, give details:	Social Worker:	Team Leader:	
	Tel:	Tel:	
	EDT no:	Email:	
	Mobile:	IRO Officer:	
	Email:	Tel:	
	Address:	Email:	
	How frequently does the Social Worker intend to visit?	Children's Rights Officer:	
		Tel:	
		Email:	

Name of child:

About the child's mother		Full name:	
Date of birth:		Address:	
Ethnic/racial origin:			
About the child's father		Full name:	
Date of birth:		Address:	
Ethnic/racial origin:			
Does the father have parental responsibility? If so, give details.			
Other significant adults		Full name:	
Date of birth:		Address:	
Relationship to child:			
Parental responsibility?		Tel. No:	
Other significant adults		Full name:	
Date of birth:		Address:	
Relationship to child:			
Parental responsibility?		Tel. No:	
Child's brothers and sisters		Include full and half siblings, and step-siblings Continue on a separate sheet if necessary	
Name:	Name:	Name:	
Date of birth:	Date of birth:	Date of birth:	
Relationship:	Relationship:	Relationship:	
Address:	Address:	Address:	
Name:	Name:	Name:	
Date of birth:	Date of birth:	Date of birth:	
Relationship:	Relationship:	Relationship:	
Address:	Address:	Address:	

Name of child:

Placement history		Brief details of all placements since the child was first 'looked after'. Continue on a separate sheet if necessary.	
Dates	Name/address	Type of placement	Reason for leaving
Educational provision		Details of educational provision/schools attended.	
Dates	Name of establishment, address, contact name	Type of provision	Reasons for leaving
Please give details of the Personal Education Plan and any Statutory Assessment or Education, Health and Care plan.			
If the child is over 16, please detail any educational qualifications			
Contact arrangements		Significant people with whom the child should maintain contact	
Name	Address and tel. No	Relationship	Contact details
Is there anyone whose contact with the child should be restricted? Give details.			

Name of child:

Care Plan	State the long-term plan for the child, and how a placement at Arnfield Tower Activity Centre is consistent with this Care Plan.
Placement Plan	Include the reasons for referral to Arnfield Tower Activity Centre and your expectations of what this placement is seeking to achieve
Child's wishes	It is important that the child engages with our programme of achievement through education, challenging adventurous activities and direct work
<p>Please give details of the child's awareness of Arnfield Tower. What information has he/she been given?</p> <p>Does the child agree with the placement plan?</p>	
Parents wishes	At Arnfield Tower Activity Centre we have good working relationships with parents and support ongoing contact.
<p>Please state the parent's views about the placement plan.</p>	
LAC forms	It is our expectation that full LAC paperwork will be supplied by the referring authority.
<p>Please confirm that the following LAC paperwork will be forwarded. Please state reasons if any are not to be made available to Arnfield Tower</p> <p style="text-align: center;">Section 20 consent to be accommodated <input type="checkbox"/></p> <p style="text-align: center;">Or, Care Order <input type="checkbox"/></p> <p style="text-align: center;">LAC Care Plan <input type="checkbox"/></p> <p>Consent to provide planned, routine and emergency</p> <p style="text-align: center;">medical treatment <input type="checkbox"/></p>	

Name of child:

The child's health needs		Child's NHS number:	
Child's GP: Name Address Tel no:	Child's dentist Name Address Tel no:	Child's general health (include details of any disability)	
Any ongoing health conditions or problems? (e.g. asthma, misusing substances, smoking)			
Any significant illnesses? Any significant accidents/injuries? Is further treatment anticipated?			
Any specific dietary needs or restrictions? Any known allergies?			
Any aids and appliances (e.g. spectacles, hearing aids)			
Other needs		Any special hobbies or leisure interests. Any needs arising from ethnic/racial origin, culture, religion, disability etc	
Please detail any requirements or needs specific to this young person			
Risk assessment		We will be carrying out a risk assessment to assess the level of supervision/support, and action to be taken if the child goes missing.	
Has the child previously been missing from home or care?	Outcomes of previous episodes of going missing	Potential risk to him/herself or others	
Any significant factors or vulnerabilities?		Is there any specific action you wish us to take?	



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These terms and conditions must be signed by a senior person within the placing authority and the child's Social Worker. On acceptance of placement, Arnfield Tower will confirm the placement date and return this page duly signed by an authorised signatory. The information in pages 1-5 of the Referral Form is part of this contract.

Terms and Conditions for Admission		
Child's name:	Placing authority:	Invoicing address:
Date of birth:	Social Worker:	
Child's ref no:	Social Services Finance Officer name:	
	Tel:	
	Invoicing email address:	
Proposed date of placement:	Proposed length of placement (if known):	
(secured until arrival at /week)		

These terms and conditions are for the purchase of care services for the above named child. They are additional to any pre-placement agreement between Arnfield Tower and the placing authority.

- FEES:** £ PER DAY payable before the end of each 28-day period commencing with the date of placement. The minimum length of provision is 14 (28) days.
- CARE SERVICES:** Arnfield Tower undertakes to provide the services outlined in its package agreement and to ensure that standards are maintained at all times. The programme at Arnfield Tower includes participation in adventurous outdoor pursuits and camping (including wild camping). All children will be required to participate.
- ADDITIONAL SERVICES:** Where additional services are required (e.g. extra staffing, exceptional escort duties) these will be agreed in writing with the placing authority or sufficient circumstance demonstrated that an additional charge is applicable.
- ALLOWANCES:** The fees include pocket money, bonus payments, telephone allowances and Christmas/birthday allowances. Placing authorities are expected to make reasonable provision for Christmas/ birthday etc
- CLOTHING:** A weekly clothing/toiletries allowance is included in the fee. However, all children are expected to have a reasonable supply of clothing, footwear and toiletries with them at the time of placement. If they do not, Arnfield Tower will assess the need, consult the authority and invoice any agreed purchase/s. Arnfield Tower will provide all clothing/safety equipment required for outdoor education for the use of the children.
- MEDICALS/HEALTH NEEDS:** Annual Full Medical assessments are the responsibility of the placing authority. Arnfield Tower can facilitate these arrangements where required, but will invoice the placing authority. Health requisites (e.g. cost of spectacles in addition to any allowance) will be invoiced to the placing authority.
- LEGAL COSTS:** The placing authority is responsible for the cost of any legal representation/court appearances for the child. (Arnfield Tower will assist in application for Legal Aid.)

Name of child:
Date of birth:

Terms and Conditions for Admission (continued)

8. **PERSONAL POSSESSIONS/CRIMINAL DAMAGE:** Arnfield Tower does not accept responsibility for personal possessions lost, stolen or damaged during the placement, save where this is due to the negligence/breach of duty of Arnfield Tower or staff.
9. **RESERVED PLACES:** When the child is absent, for whatever reason, full fees remain payable.
10. **NOTICE PERIOD:** Either party may terminate the placement on not less than seven days notice. A minimum 7-day charge remains payable irrespective of why the placement is terminated.
11. **INFORMATION:** It is the responsibility of the placing authority to ensure that the information in this Referral Form is accurate and comprehensive and that all relevant information is communicated to Arnfield Tower in a timely fashion. Where material information has been withheld/ not communicated, Arnfield Care Ltd may, at their absolute discretion, terminate the placement, or this contract, forthwith.
12. **AUTHORISATIONS & INVOICE MANAGEMENT:** No placement may be made absent due authorisation and confirmed invoice management contact detail.
13. **VARIATIONS TO CONTRACT:** Any variations to these terms and conditions must be in writing and signed by both parties.
14. **QUALITY ASSURANCE:** It is the policy of Arnfield Tower to continuously review and improve all aspects of service provision where appropriate. Should you have any concerns in relation to the placement, please contact the Manager or Proprietors and your concerns will be investigated or/and responded to.

Signatures to contract	
Signed by duly authorised senior person on behalf of the placing authority: Name: Position: Date:	Signed by Social Worker: Name: Date:
Signed on behalf of Arnfield Tower Activity Centre: Name: Position: Date:	
CONFIRMED PLACEMENT DATE:	
CONFIRMED LENGTH OF PLACEMENT (IF KNOWN):	

LAC & Medical Consent forms are required along with a copy of the child's birth certificate, care chronology, offence chronology, copy of the most recent medical report, copies of school reports, education & psychological statements etc. Consents forms below must also be signed authorised by a relevant individual, and be provided on or prior to admission.

Authorities are reminded that where this care episode is an emergency placement a 72hr independently chaired planning meeting is required to take place in line with national standards.



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1. CONSENT TO ADVENTURE ACTIVITIES

Re.: _____

D.O.B.: _____

I agree that the above named may take part in outdoor education and adventure activities arranged by Arnfield Tower Activity Centre.

I understand that these activities may include Mountain Walking, Climbing, Caving, Mountain Biking, Canoeing and Kayaking, Sailing, Horse riding, White Water Rafting, Skiing, and other activities detailed in the Arnfield Tower Activity Brochure or that may become available from time to time.

Signed _____

Parent/person with parental responsibility/Social Worker. (delete which is inapplicable).

Address _____

Tel No: _____

Dated: _____



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2 CONSENT TO MEDICAL AND DENTAL TREATMENT

Re.: _____

D.O.B: _____

I agree that Arnfield Tower (Arnfield Care Ltd) may arrange medical and dental examination for the above and may consent to immunisations, routine medical and dental treatment and minor operative procedures on my behalf.

I understand that where major treatment or operations are medically advised, Arnfield Tower will first discuss this with me and seek specific consent except in the case of emergency. In an emergency and based on medical advice received, particularly where no prompt action may contribute to further harm or injury, Arnfield Tower may consent on my behalf but will notify me as soon as possible.

Signed _____

Parent/person with parental responsibility/Social Worker.
Delete which is inapplicable

Address: _____

Tel. No.: _____

Dated: _____



Manchester Road, Tintwistle, Derbyshire, SK13 1HA. Tel.: 01457 860 200 Fax: 01457 860 214

3 ACKNOWLEDGEMENT OF TOBACCO PRODUCTS MANAGEMENT

Re: _____

D.O.B. _____

Where refusal to written consent occurs and such refusal is likely to cause undue stress and/or influence risk taking behaviours, accommodation in principle may still need to occur?

A parent, carer or other significant person (not Arnfield Care employee) with parental responsibility for the child who provides tobacco products will be deemed as having given consent whether formally or otherwise.

In signing I acknowledge that Arnfield Care, it's management and staff will manage as safely and in as practicable a manner, tobacco products purchased by and belonging to the above named. That all reasonable effort will also be made to support the child in a reduction or complete cessation where possible.

Signed _____

Parent/person with parental responsibility/Social Worker (delete as appropriate)

Address _____

Tel No: _____

Date: _____



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4 ACKNOWLEDGEMENT OF PHOTOGRAPHIC MEDIA MANAGEMENT

Re: _____

D.O.B: _____

Arnfield Care Ltd work together with a number of statutory bodies to safeguard and protect the children and young people placed in our care. These bodies include the Placing Authority, Derbyshire Children's Services, Derbyshire Constabulary, as well as other police forces and agencies.

Children and young people may from time to time go missing from our care for a range of reasons. In doing so, they may place themselves at risk of harm and/or sexual exploitation. Whilst Arnfield Care Ltd and its staff will make every effort (as would any reasonable parent) to support the safe return of a child or young person, our risk management planning may require that Police involvement is taken up.

To assist the Police in the recovery of the child or young person, an up-to-date photograph will be placed on file. This form of identification will be held by us in accordance with the Data Protection Act 1989, current government guidance on information sharing, and the 'Caldicott Principles' for the management of confidential information. The rights of the child or young person will not be compromised in any way.

On occasions we may photograph or record outdoor education and pursuit experiences or other significant moments with the aim of promoting the self-esteem of a child or young person, and reinforcing positive behaviour. These photographs will provide positive record of their achievements and of happy times during their stay with us. They will be held safely and securely on file, and a personal memory book will be made available for the child or young person to take with them when they leave.

Signed: _____ Date: _____

Parent / Person with Parental Responsibility / Social Worker (*delete as appropriate*)

Address: _____

Telephone number: _____



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5 Reg 44 Access to Records

Re: _____

D.O.B: _____

How well children and young people are helped and protected during the period of residence with Arnfield Care is a key judgement.

Regulation 44 (CHR 2015), requires that an independent person visit the children's home at least once a month, these visits may be unannounced. The regulation also requires that the independent person must write a report and provide a copy for HMCI. Ofsted therefore requires that the independent person or provider sends the report to Ofsted before the end of the month that follows the month in which the visit took place. For example, if a visit was conducted in July, the report should be sent to Ofsted before the end of August. This requirement still applies when there are no children in placement within the home.

Those undertaking Regulation 44 activity will be advised to consider the Quality Standards and Regulations in the light of the interpretations and professional judgments that will be applied by Ofsted.

Evaluations of leadership and management are directly linked to the overall 'experiences and progress' judgement. As Regulation 44 visitors reports are an 'assistance' to the leadership and management of the home they must be allowed formal access to all relevant records.

Signed: _____ Date: _____

Parent / Person with Parental Responsibility / Social Worker (*delete as appropriate*)

Address: _____

Telephone number: _____