



arnfield care

**Arnfield Care Ltd**

Tel.: 01625 573 797

Mob: 07966327165

# Referral form

<b>About the child/young person</b>	<b>Full name:</b>		
<b>Nationality:</b>	<b>What does the child prefer to be called?</b>		
<b>Ethnic/racial origin:</b>	<b>Date of birth:</b>	<b>Age:</b>	<b>Gender:</b>
<b>With what culture does the child most identify?</b>	<b>Address before Arnfield Care Ltd:</b>		
<b>Does the child have a religion? If so, give details</b>  <b>Practicing/nominal</b>	<b>Tel no:</b> <b>Fax no:</b>		
<b>Is the child's name on the Child Protection Register? If so, give details</b>	<b><u>Current legal status under Children Act 1989</u></b>  <b>Accommodated / interim care order /full care order</b>  <b>Other (give details)</b>		
<b>Does the child have any recorded offences/cautions/outstanding criminal matters? Give details.</b>	<b>Other relevant orders (e.g. Adoption)</b>		
<b>The referring authority</b>	<b>Name of local authority:</b>		
<b>Does any other local authority have responsibility for the child? (e.g. Supervising Authority) If so, give details.</b>	<b>Social Worker:</b>	<b>Team Leader:</b>	
	<b>Address:</b>		
	<b>Tel No:</b>	<b>EDT no:</b>	
	<b>Fax no:</b>		
<b>How frequently does the Social Worker intend to visit?</b>			
<b>To whom should invoices be sent?</b>			

Name of child:

<b>About the child's mother</b>		<b>Full name:</b>	
<b>Date of birth:</b>		<b>Address:</b>	
<b>Ethnic/racial origin:</b>			
<b>About the child's father</b>		<b>Full name:</b>	
<b>Date of birth:</b>		<b>Address:</b>	
<b>Ethnic/racial origin:</b>			
<b>Does the father have parental responsibility?</b> If so, give details.			
<b>Other significant adults</b>		<b>Full name:</b>	
<b>Date of birth:</b>		<b>Address:</b>	
<b>Relationship to child:</b>			
<b>Parental responsibility?</b>			
<b>Other significant adults</b>		<b>Full name:</b>	
<b>Date of birth:</b>		<b>Address:</b>	
<b>Relationship to child:</b>			
<b>Parental responsibility?</b>			
<b>Child's brothers and sisters</b>		<b>Include full and half siblings, and step-siblings</b> <b>Continue on a separate sheet if necessary</b>	
<b>Name:</b> <b>Date of birth:</b> <b>Relationship:</b> <b>Address:</b>	<b>Name:</b> <b>Date of birth:</b> <b>Relationship:</b> <b>Address:</b>	<b>Name:</b> <b>Date of birth:</b> <b>Relationship:</b> <b>Address:</b>	
<b>Name:</b> <b>Date of birth:</b> <b>Relationship:</b> <b>Address:</b>	<b>Name:</b> <b>Date of birth:</b> <b>Relationship:</b> <b>Address:</b>	<b>Name:</b> <b>Date of birth:</b> <b>Relationship:</b> <b>Address:</b>	

Name of child:

<b>Placement history</b>		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 Statement of Special Educational Needs.			
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.			

<b>Name of child:</b>
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<b>Care Plan</b>	<b>State the med-long-term plan for the child, and how a placement with Arnfield Care Ltd is consistent with this Care Plan.</b>
<b>Placement Plan</b>	<b>Include the reasons for referral to Arnfield Care Ltd and your expectations of what this placement is seeking to achieve.</b>
<b>Child's wishes</b>	<b>It is important that the child is receptive to the placement aims and is aware of the care plan.</b>
<p><b>Please give details of the child's awareness of Arnfield Care Ltd. What information has he/she been given?</b></p> <p style="height: 100px;"></p>	
<b>Does the child agree with the placement plan?</b>	
<b>Parents wishes</b>	<b>At Arnfield Care Ltd, we like to work with the parents. We encourage visits / parental involvement.</b>
<p><b>Please state the parent's views about the placement plan.</b></p> <p style="height: 100px;"></p>	
<b>LAC forms</b>	<b>It is our expectation that full LAC paperwork will be supplied by the referring authority.</b>
<p><b>Please confirm that the following LAC paperwork will be forwarded. Please state reasons if any are not to be made available to Arnfield Care Ltd</b></p> <p style="text-align: center;">LAC Essential Information Record Part 1 <input type="checkbox"/></p> <p style="text-align: center;">LAC Essential Information Record Part 2 <input type="checkbox"/></p> <p style="text-align: center;">LAC Care Plan <input type="checkbox"/></p> <p style="text-align: center;">LAC Placement Plan Pt 1 – Placement agreement <input type="checkbox"/></p> <p style="text-align: center;">LAC Placement Plan Pt 2 – Day to day arrangements <input type="checkbox"/></p>	

Name of child:

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



**arnfield care**

Arnfield Care Ltd,  
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SK13 1HA,  
Tel.: 01457 891 422  
Fax: 01457 891 433

**Referral form page 6**

*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 Care Ltd will confirm the placement date and return this page duly signed by an authorized signatory. The information in pages 1-5 of the Referral Form is part of this contract.*

<b>Terms and Conditions for Admission</b>		
<b>Child's name:</b>	<b>Placing authority:</b>	<b>Invoicing address:</b>
<b>Date of birth:</b>	<b>Social Worker:</b>	
<b>Child's ref no:</b>	<b>Social Services Finance officer:</b>	
<b>Proposed date of placement:</b> (placement can be secured till arrival at £            /wk)	<b>Proposed length of placement (if known):</b>	

**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 Care Ltd and the placing authority.**

- 1. FEES:** £            on enquiry            per week payable before the end of each 28-day period commencing with the date of placement. A minimum length of placement may apply.
- 2. CARE SERVICES:** Arnfield Care Ltd undertakes to provide the services outlined in the Brochure and to ensure that standards are maintained at all times. The programme at Arnfield Care Ltd may include participation in adventurous outdoor pursuits and camping (including wild camping).
- 3. ADDITIONAL SERVICES:** Where additional services are required (e.g. extra staffing, escort duties) these will be agreed in writing with the placing authority and an additional charge may be made.
- 4. 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
- 5. CLOTHING:** A weekly clothing/toiletries allowance is included in the fee. However, all children are expected to have an adequate supply of clothing, footwear and toiletries with them at the time of placement. If they do not, Arnfield Care Ltd will purchase the missing items and bill the placing authority. Arnfield Care Ltd will provide all clothing/safety equipment required for outdoor education for the use of the children.
- 6. MEDICALS/HEALTH NEEDS:** Medicals are the responsibility of the placing authority. Arnfield Care Ltd will arrange medicals where required, but will bill the placing authority. Health requisites (e.g. cost of spectacles) will be billed to the placing authority.
- 7. LEGAL COSTS:** The placing authority is responsible for the cost of any legal representation/court appearances for the child. (Arnfield Care Ltd will assist in application for Legal Aid.)



<b>Name of child:</b>
<b>Date of birth:</b>

**Terms and Conditions for Admission (continued)**

- 8. **PERSONAL POSSESSIONS/CRIMINAL DAMAGE:** Arnfield Care Ltd 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 Care Ltd or staff. Arnfield Care Ltd reserves the right to bill the placing authority for theft/damage by the child, particularly where this affects another child in placement.
- 9. **RESERVED PLACES:** When the child is absent, for whatever reason, full fees remain payable.
- 10. **NOTICE PERIOD:** Either party may terminate the placement within the first 3 months on no less than 7 days-notice. Beyond 3 months, formal notice shall be 14 days. Beyond 6 months formal notice shall be 28 days. Notice may be extended at Arnfield Care Ltd's discretion, or by mutual formal agreement during which time the full extended period of 7, 14, 21 or 28 days will be chargeable at the standard or agreed enhanced rate.
- 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 Care Ltd 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. **VARIATIONS TO CONTRACT:** Any variations to these terms and conditions must be in writing and signed by both parties.
- 13. **QUALITY ASSURANCE:** It is the policy of Arnfield Care Ltd to continuously review and improve all aspects of service provision. Should you have any concerns in relation to the placement, please contact the Manager or Directors and your concerns will be investigated and responded to.

<b>Signatures to contract</b>	
<b>Signed by duly authorised senior person on behalf of the placing authority:</b>  <b>Name:</b> <b>Position:</b> <b>Date:</b>	<b>Signed by Social Worker:</b>  <b>Name:</b>  <b>Date:</b>
<b>Signed on behalf of Arnfield Care Ltd:</b>  <b>Name:</b> <b>Position:</b> <b>Date:</b>	
<b>CONFIRMED PLACEMENT DATE:</b>	
<b>CONFIRMED LENGTH OF PLACEMENT (IF KNOWN):</b>	

*Please also supply a copy of the child's birth certificate, copy of the most recent medical report and copies of school reports, education statements etc.*

*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.*



## 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 Care Ltd.

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 Care Ltd 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 : \_\_\_\_\_





## 2. CONSENT TO MEDICAL AND DENTAL TREATMENT

Re.: \_\_\_\_\_

D.O.B. \_\_\_\_\_

I agree that Arnfield Care Ltd (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 Care Ltd 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 Care Ltd 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: \_\_\_\_\_



### 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 \_\_\_\_\_

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Tel No: \_\_\_\_\_

Date: \_\_\_\_\_



#### 4. ACKNOWLEDGEMENT OF PHOTOGRAPHIC MEDIA MANAGEMENT

Re: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Arnfield Care Ltd actively safeguard those placed in our care in tandem with a number of statutory agencies. This includes the Placing Authority, Derbyshire Local Authority, Derbyshire Constabulary, other UK forces and agencies as necessary.

Children and young people may from time to time absent themselves 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 it's staff will make every reasonable effort (as a parent would) to support the safe return of a child, our risk management planning may require that Police involvement is taken up.

In these circumstances a photo may be provided to the Police, aiding them in the recovery of the child or young person. Consequently, the provision of photos or other media is not seen as in any way contrary to the rights of the child or young person, nor a contravention of data protection.

We aim therefore to ensure an up to date picture of the child or young person (held on file), is available for use in these circumstances.

Additionally, where applicable we may photograph / record outdoor education and pursuit experiences or other significant moments with the aim of promoting self esteem & reinforcing positive behaviour during their stay. Pictures can be held safely, in a memory book or on file as appropriate.

Signed \_\_\_\_\_

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

Address \_\_\_\_\_

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Tel No: \_\_\_\_\_

Date: \_\_\_\_\_



## 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 Visitor 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: \_\_\_\_\_