

## MARIAN MISSION Short Break Referral Form

<b>Local Authority</b>			
<b>Address</b>			
<b>Invoice Address</b>			
<b>Contact Ref:</b>	Ref:	Phone:	
	E-mail:		
<b>Order Number</b>			
<b>Order Date</b>			

and

<b>Appointed Provider:</b>	Marian Mission Short Break Services
<b>For the attention of:</b>	Mother Maria Chioma Emeagi
<b>E-mail:</b>	marianmissionshortbreak@yahoo.com
<b>Telephone No:</b>	02085187499/ Mobs: 07891180264; 07940143545
<b>Address</b>	Marian Mission Educational and Family Support Centre 1 Colchester Road, Leyton, London E10 6HA

Referrer Details:			
<b>Name:</b>		<b>Phone</b>	
<b>E-Mail:</b>		<b>Mobile</b>	

Local Authority Emergency Duty Team Detail	
<b>Telephone No:</b>	

<b>Disability: Provide detailed description of your child's disability. Please attach a copy of any previous assessment/s of your child's disability.</b>

Child's Details			
<b>Surname</b>	<b>First Name</b>	<b>Dob</b>	<b>Gender</b>
<b>School/Nursery</b>	<b>Isis No / Protocol No etc</b>	<b>Legal Status</b>	

Mother's Details (if applicable)			
<b>Name:</b>		<b>Phone No:</b>	
<b>Address:</b>			
Father's Details (if applicable)			
<b>Name:</b>		<b>Phone No:</b>	
<b>Address:</b>			

Who does the child live with?			
Name:		Phone No:	
Address:			
Email:			
NI:			

Placement Details if applicable			
Foster Carer's/ Residential Name			
Address:		Phone No:	
		Mobile No:	

Agreed Short Break Service			
<b>Level of Staff ratio: 1:1 ; 2:1 (Please circle as appropriate)</b>			
<b>Preferred Booking</b>			
Day	Time	Duration	Venue
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Is there any identified risk/s to the child/young person?	Yes / No
If Yes please specify	

**Risk Assessment** (To be completed in 2 parts) *Please tick applicable answers to sections A to H below. If any of A to H are assessed as high please provide the relevant details below.*

**Part 1**

Type Of Risk	High	Moderate	Low
Aggression verbal/physical (A)			
Falls(B)			
Drug abuse (C)			
Alcohol abuse (D)			
Sexual abuse (E)			
Emotional abuse (F)			
Physical abuse (G)			
Medical/health/Mental health (H)			

<b>(A) Issues around violent behaviour?</b>
Please specify:
<b>(B) Known risk of child abduction or being followed?</b>
Please specify:
<b>(C) Issues around drug abuse?</b>
Please specify:
<b>(D) Issues around alcohol abuse?</b>
Please specify:
<b>(E) Issues around sexual abuse?</b>
Please specify:
<b>(F) Issues around emotional abuse?</b>
Please specify:
<b>(G) Issues around physical abuse?</b>
Please specify:
<b>(H) Medical/Health/Mental health</b>
Please specify:
<b>(I) Personal Care</b>
Please specify:

<b>What part of the Care Plan for the child/young person does short break contribute to?</b>
<b>Service review date:</b>

<b>Please add any additional information relevant for this short break service</b>

<b>Signature Of Referrer</b>	<b>Signature Of Parent</b>
<b>Date</b>	<b>Date</b>

**Monitoring Form: Ethnic Origin**

Please indicate your ethnic origin by ticking one of the five broad divisions shown below:

<p><b>White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p>Any other White background (please specify below)</p>	<p><b>Black or Black British</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p>Any other Black background (please specify below)</p>
<p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p>Any other Asian background (please specify below)</p>	<p><b>Dual or Multiple Heritage</b></p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p>Any other dual or multiple heritage background (please specify below)</p>
<p><b>Chinese or Other Ethnic Group</b></p> <p><input type="checkbox"/> Chinese</p>	<p>Any other ethnic background (please specify)</p> <p><input type="checkbox"/></p>

**Disability**

Do you consider yourself to have a disability as defined in the Disability Discrimination Act 1995. The Act defines disability as: “a physical or mental impairment which has substantial and long-term effect on a person’s ability to carry out normal day to day activities”.

YES

NO

**Refugee or Asylum Seeker**

YES

NO

**Receives Free School Dinner**

YES

NO

**Gender**

FEMALE

MALE

**Monitoring Religion/Belief**

Christian   
Sikh

Buddhist  Muslim   
 Hindu

None  Jewish  Any other

Thank you for completing this form.