



Child Referral Form

Guidance notes The purpose of this form is to provide current information about the child which may not be reflected in their Child Permanence Report. The information provided will inform the profile that will introduce the child to prospective adopters who will be attending the Adoption Activity Day.

Please fill out this form fully and accurately. The information you provide will be used for communication purposes prior to and after the Adoption Activity Day.

A profile and a recent photograph of the child must be submitted with this form.

If the child is part of a sibling group, you must complete a referral form for each child.

Date of Adoption Activity Day:

Child's Details

Full name:

Date of birth:

Gender:

Legal status and date of Order:

Date he/she first became a Looked After Child:

Local Authority:

Race/ethnicity:

Religion:

Is the child to be adopted as part of a sibling group? Yes No

If yes, state the name/s of the other child/ren in the sibling group:

Is funding available for an interagency placement? Yes No

Have you referred the child to the National Adoption Register? Yes No

Why are you referring this child to an Adoption Activity Day?

Does the child have any special dietary requirements? Yes No

If yes, please state:

Does the child have a disability?

Yes No

If yes, please state:

Social Worker's Details

Full name:

Address:

Telephone:

Email:

Family Finder's Details

Full name:

Address:

Telephone:

Email:

The child will attend the Adoption Activity Day with:

Please note: it is expected that the child will attend the Adoption Activity Day with his/her Social Worker, although CoramBAAF appreciates that this is not always possible. One professional per child or sibling group is to attend the event unless otherwise agreed with CoramBAAF.

Social Worker

Family Finder

Other

If other, please state:

Full name:

Role:

Telephone:

Email:

Foster Carer's Details

Please note: it is expected that the child will attend the Adoption Activity Day with his/her foster carer. One foster carer only is to attend the event unless otherwise agreed with CoramBAAF.

Full name:

Address:

Telephone:

Email:

Is the carer supportive of this referral? What information has the carer received about Adoption Activity Days and the role of foster carers in preparing and supporting children? Has the foster carer attended an Adoption Activity Day before?

The Child's Needs

Please be specific and describe how the needs present in this particular child.

Physical

For example, any clinical diagnoses. What is the child able to do?

Intellectual

For example, any specific learning disabilities/difficulties; state how these affect the child's behaviour and/or their ability to learn.

Emotional

For example, how does the child manage stress and anxiety; how does this affect their behaviour in different settings?

The Child's Personality

For example, how does the child describe himself/herself; how do others describe him/her; what is unique about him/her? Describe various aspects of the child's personality and think about him/her in various settings. Avoid clinical and/or negative language.

The Child's Interests

For example, what does the child enjoy; what do others say that the child enjoys?

The Child's Talents

For example, what does the child do best? Describe his/her strengths.

Family Life

Describe the child's interaction and behaviour at home: how does the child relate to family members? What aspects of the child's environment help them to succeed? Be specific about the family with whom the child is currently living.

School Life

Describe the child's academic functioning; peer relationships; behaviour; and, any additional support currently provided or likely to be needed. What aspects of school does the child like and dislike?

Placement Requirements

For example, is there a preference for: two parents, a single carer or same sex parents? Does the child need to be the only child in the family? Include specific information about the qualities that are needed in a family. If single carers and same sex couples will not be considered, please state why.

Are there any other placement considerations?

Family Finding History

What family finding activity has been undertaken and what were the outcomes? Has the child been involved in their family finding? Has any life story work been undertaken with the child? What is the child's understanding of this? Has the child experienced any placement moves/disruptions?

Other Relevant Information

Provide any specific information that may be relevant to the child's attendance at an Adoption Activity Day. For example, what additional support may be required? Are there any activities that the child will particularly enjoy? Are there any activities that may need to be avoided?

Date:

To be submitted to adoption.activitydays@corambaaf.org.uk

Coram Campus, 41 Brunswick Square, London WC1N 1AZ

Phone: 020 7520 0302 adoption.activitydays@corambaaf.org.uk

The Thomas Coram Foundation for Children (registered charity no. 312278) was established by Royal Charter in 1739.

