**Guardianship Scotland Referral Form**

Phone Number: 0141 445 8659

Email: [guardianship@aberlour.org.uk](mailto:guardianship@aberlour.org.uk)

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| **Please complete all fields, or state ‘unknown’ if unapplicable** | | | |
| Name of young person: | Click or tap here to enter text. | Care First Ref no:  (if applicable) | Click or tap here to enter text. |
| Country of origin: | Click or tap here to enter text. |
| Gender: | Female  Male | Ethnicity: | Click or tap here to enter text. |
| Accommodation Type:  (e.g. hotel, student accommodation, foster home etc.) | Click or tap here to enter text. | Religion | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | First Language: | Click or tap here to enter text. |
| Does the Young person consider themselves to have a disability? | Click or tap here to enter text. |
| Date Moved to Address: | Click or tap here to enter text. | Date of Referral: | Click or tap here to enter text. |
| Young Person’s Contact Telephone Number: | Click or tap here to enter text. | Date of arrival in U.K. | Click or tap here to enter text. |
| **How has the young person come to be in Scotland? Please select most relevant** | | | |
| National Transfer Scheme  Ukrainian Scheme  Spontaneous Arrival | | Initially Treated as an Adult by Home Office  Other | |
| **Age** | | | |
| Stated Age and D.O.B: | | Click or tap here to enter text. | |
| Recorded Age and D.O.B. (if different): | | Click or tap here to enter text. | |
| Is young person looked after under s25 CSA95? | | Click or tap here to enter text. | |
| Are there doubts about the Young Person’s stated age? | | Yes  No  To be confirmed | |
| Is there a plan for an Age Assessment to be carried out? | | Yes  No  To be confirmed | |
| If yes, please provide details of organisation initiating the dispute and date of age assessment if known: | | Click or tap here to enter text. | |
| **Home Office** | | | |
| Has the Home Office been contacted? | | Click or tap here to enter text. | |
| Home Office Port Reference Number: | | Click or tap here to enter text. | |
| Date of Home Office Welfare/Screening Interview if has taken place:  (Please include copy with referral if possible) | | Click or tap here to enter text. | |
| **Legal Representation** | | | |
| Does the young person have a lawyer?  (Guardianship Scotland can support with legal referral if No) | | Yes  No | |
| If yes, please provide lawyers name and organisation: | | Click or tap here to enter text. | |
| **Trafficking: NRM Process** | | | |
| Has an NRM been submitted? | | Yes  No  To be confirmed | |
| If yes, please provide details of who submitted NRM, date of submission and NRM reference number if known:  (Please include copy with referral if possible) | | Click or tap here to enter text. | |

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| **Local Authority Details** | |
| Where the young person presented in Scotland: | Click or tap here to enter text. |
| Local Authority Area Responsible: | Click or tap here to enter text. |
| Allocated Care Manager: | Click or tap here to enter text. |
| Social Work Team: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Post Code: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Mobile Number (work): | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| **Referrer Details (if different from above)** | |
| Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Organisation: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |

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| **Details of any needs, vulnerabilities, health concerns etc.** |
| Please provide some background to how the young person came to be in your care and details of any support needs or vulnerabilities  Click or tap here to enter text. |
| Has this person claimed Asylum? If so, at what point are they in their claim? If not, does the young person wish to claim asylum?  Click or tap here to enter text. |
| Does the referring agency feel there may be a risk of the young person having been trafficked or there are indicators of trafficking present?  Please provide an outline of the trafficking indicators and any actions that have been taken as a result of these? (Ie IRD / JII / NRM Referral / Any updates on Reasonable Grounds or Conclusive Grounds decisions from the SCA trafficking decision maker (Single Competent Authority)  Please see [Interagency Guidance for Child Trafficking: Scottish Government, 2013 (Appendix C: Indicator Matrix for Child Trafficking)](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2013/11/inter-agency-guidance-child-trafficking/documents/00437636-pdf/00437636-pdf/govscot%3Adocument/00437636.pdf) for potential signs and give brief details.  Click or tap here to enter text.  Are there any safeguarding concerns the referrer is aware of?  Click or tap here to enter text. |
| Other Information  Please add any relevant further information, for example upcoming appointments, any plans for the young person to move accommodation imminently, or any pressing support needs.  Click or tap here to enter text. |

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| **Authorisation** | | | |
| Signed: | Click or tap here to enter text. | Print Name: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. | Designation: | Click or tap here to enter text. |