



Preferred
Futures

Family Group Conference Family Referral Form

Child/YP Name Living at/with	Date of Birth, ethnicity & any special needs or disability
Name of person making referral	Relationship to child/YP and whether you have parental responsibility (PR)
Siblings	Date of Birth, ethnicity & any special needs or disability.
Parents names, address(es) & contact numbers	First language & any special needs or disability
Other known relatives, friends & connected people & their addresses & contact numbers	Relationship to child/YP and whether they have PR
Names & contact details of key professionals involved	Any other key information/legal status - is the child / YP subject to a CP plan, CIN, LAC, CAF etc

Brief background information	Any safety risks that the FGC Co-ordinator needs to be aware of
Strengths of the family	Strengths of the child/YP
Reason for the FGC	Contact details of the referrer
<p>Agreement to information sharing – signed by person with PR & child depending on age/maturity</p> <p>.....</p> <p>.....</p>	<p>Agreement to attend the FGC signed by the referrer</p> <p>.....</p>