

THE HAMPTON TRUST (Hampshire & Isle of Wight)
CHILD WELFARE FAMILY GROUP CONFERENCES

Referrer Name		Phone No	
Office		Conf. Code (HT Admin only)	
Young Person's name	Name:	Dob:	Gender:
	Name:	Dob:	Gender:
	Name:	Dob:	Gender:
Current living address & postcode	Address:		
Is this....			
Parent <input type="checkbox"/> Looked after <input type="checkbox"/>	Postcode:		
Other, Specify.....	Contact Telephone No :		
Current Care giver	Name		
	Relationship		
Parents details	Father's name		
	Mother's name		
Parents Address & Contact number (if different from above)	Father's address & contact number		
	Mother's address & contact number		
Other known family members / friends and their relationship to child	Name	Relationship	Tel No.
Other Service Providers involved	Name	Agency	Tel No.
Is the child on the CP register?	YES	NO	
Is the child "looked after" by LA?	YES	NO	
Is there an agency worker safety issue?	YES	NO	
Special needs of family / child	YES	NO	
Are there any key dates to be noted? e.g. Court	YES	NO	
Ethnic origin of family (tick all that apply)			
White British <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Indian <input type="checkbox"/>	
White Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	
Other white background <input type="checkbox"/>	African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
Chinese <input type="checkbox"/>	Other Black background <input type="checkbox"/>	Other Asian background <input type="checkbox"/>	
Any other background <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>		

First Language	
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Brief description of current situation including any orders

Questions for FGC

Please ensure this section is signed before passing on referral

AGREEMENT

I/we the undersigned agree to this referral for a Family Group Conference and for relevant information to be shared with family and service providers.

Young Person Signature	Date	
Parent / Care giver Signature	Date	
Referrer Signature	Date	
Line Manager Signature	Date	

PLEASE FAX TO : Hampton Trust. Fax Number 023 8021 3530

Phone enquiries : 023 8021 3520

Programme Manager: Gill Turner - 07958 783050 / gill.turner@hamptontrust.org.uk