

Mother's Name:  Date of Birth:

Address:

Postcode:

Telephone:

Child(ren)'s Name(s): 1  Date of Birth:  M  F

2  Date of Birth:  M  F

3  Date of Birth:  M  F

Allocated Social Worker details: Name:  Team:

Telephone:  Email:

DRUG SCREENING: Results required via email: Yes:  No:

The above details are required if you wish to receive drug screen results by email.  
You are advised to update Star Bright if there any changes such as change of allocated social worker.

Safe guarding information (Please include a copy of any relevant plans) :

Child protection plan in place: Yes:  No:  Category:

Child in Need plan in place: Yes:  No:  Date of next review:

Brief details of concerns / risks:

Health Visitor: Name:  Based at:

Telephone:  Email:

Drug use (past or present) : Which Drugs indicated:

Current drug treatment provider: Keyworker:  Service:

Telephone:  Email:

Client aware of referral: Yes:  No:  If NO please give reasons:

Travel costs: Plans for Children's Social Care to assist while attending Star Bright (please give details): (e.g. issue travel card etc)

Signed:  Date:

Name (in capitals):  Tel: