



Guernsey & Alderney
Multi-Agency
Support Hub

MULTI AGENCY REFERRAL FORM (MARF)



Date of Referral

Child or Young Person 1

Name

Known as

Date of Birth

Age

Gender

Ethnicity

Disability

If yes, please give further details

Child Telephone Number

Parent Telephone Number

Address

Place of Residence (if different from the above address)

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Family Members

Name	Date of Birth	Address	Relationship

Other significant people

Name	Date of Birth	Address	Relationship

Parental Responsibilities are held by:

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Is the child aware that the referral has been made?

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Does the main carer(s) know you have made the referral?

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Consent received from

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If no, are there sufficient grounds to waive the need for consent?

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Please state grounds if yes

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Agencies working with this family (e.g. School, Health Visitor, CAMHS)

Name	Agency	Telephone/ email	Consent to share

What is currently working well for the family?

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What support has the family received to date and what has been the impact?
Do the family have a support network (friends and family)?
What are the views of the child/ren, young person/s and their family?
If the family have been accessing early preventative services, please indicate whether there has been an Early Help Assessment completed or Team Around the Family (TAF) meetings taking place.

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What are you or the family are worried about?
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What information/evidence has led you to make this request today? What are you worried would happen if nothing changes for the child/family? What are the views of the child/ren, young person/s and their family?
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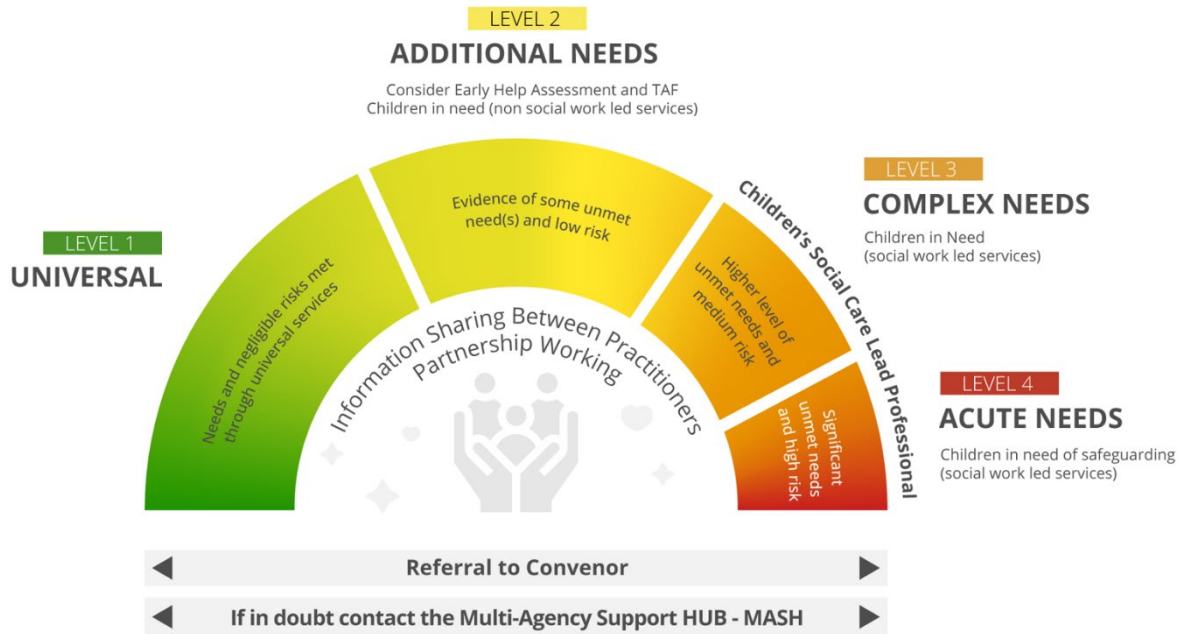
What needs to change?

What changes do you feel need to take place to reduce the concerns for this family? What services/support do you feel the family would need to achieve these positive changes? What are the views of the child/ren, young person/s and their family?
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Are you concerned that risk of harm is occurring outside of the home (e.g. child exploitation)

If yes, please provide details



**With reference to the above continuum of need, what level do you think the needs of the family meet?
Please type YES as appropriate**

Level 1	Level 2	Level 3	Level 4
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Is there any additional information that may assist with the referral?

If yes, please give further details

Referrer Details – if self-referring			
Name			
Tel No		Email	

Referrer Details – if referring on behalf of a child/young person/family			
Name		Organisation	
Tel No		Email	