**Referral to RRP Team (September 2024)**

**This form is to be completed when requesting support from the RRP Team**

**Please complete and return to:** [RestorativeVS@staffordshire.gov.uk](mailto:RestorativeVS@staffordshire.gov.uk)



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| **Service requested from RRPT:** | **Solution Focused Circle Information Advice and Guidance**  **Restorative Conference** |

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| **ame of School** | Click or tap here to enter text. | | **Contact Name Email Address** | Click or tap here to enter text. | |
| **Name of Social Worker** | Click or tap here to enter text. | | **Contact Tel Number/ Email:** | Click or tap here to enter text. | |
| **Pupil Details** | | | | | |
| **Name** | Click or tap here to enter text. | | | | |
| **Postcode** | Click or tap here to enter text. | | | | |
| **Date of Birth** | Click or tap here to enter text. | | **First Language** | Click or tap here to enter text. | |
| **School Year group** |  | |  | | |
| **Social Care Status** | CP Plan | CiN Plan | PCiC | | Kinship |
| **Parent / Guardian / Carer Details** | | | | | |
|  | Parent | | Guardian  (e.g. Grandparents) | | Carer |
| **Name** | Click or tap here to enter text. | | | | |
| **Telephone Number/s** | Click or tap here to enter text. | | | | |
| **Email address** | Click or tap here to enter text. | | | | |
| **Postcode (if different from above)** | Click or tap here to enter text. | | | | |
| **Are you aware of any risks for home visiting this family?** | Yes  No  Please provide any relevant details:  Click or tap here to enter text. | | | | |

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|  | **Yes** | **No** |  |
| **Risk Factor Matrix Completed** |  |  | **Contact Person / Comments** |
| **Other Agency Involvement** | | |
| Open to MACE Panel | **Yes** | **No** |  |
| Youth Offending Service / Saplings |  |  |  |
| Autism Inclusion Team |  |  |  |
| T3 |  |  |  |
| Catch 22 |  |  |  |
| Intensive Prevention Service (IPS) |  |  |  |
| CAMHS |  |  |  |
| Paediatrician |  |  |  |
| OTHER – Please specify |  |  |  |
| **Please note – only brief information is required** | | | |
| Reason for Referral:  Click or tap here to enter text. | | | |
| Current Situation and relevant information including significant life events:  Click or tap here to enter text. | | | |
| Hoped for outcome of involvement:  Click or tap here to enter text. | | | |

**\*It is important to gain consent before sending in a completed referral form to meet General Data Protection Regulation\***

**Permissions and Acknowledgements**

It is important that all participants acknowledge the below statements before proceeding further:

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|  |  | **The Relational and Restorative process has been explained to me, my involvement is voluntary, and I can withdraw at any time.** |
|  |  | **My details and the information will be passed to relevant professionals working with me including my Social Worker (if applicable).** |
|  |  | **I understand Staffordshire Virtual School will retain records in line with GDPR (General Data Protection Regulation) requirements. I understand I am entitled to request sight of my records at any time.  Any information exchanged under the agreement will only be used to facilitate Relational and Restorative practice and processes.  In exceptional circumstances, information may be shared without my permission if it could help to prevent a crime or harm to any person.** |
|  |  | **I understand it is common practice for an independent observer to sit in on Relational and Restorative practice and processes and understand they are there for observation and development purposes.** |
|  |  | **Occasionally, research related to RRP (Relational & Restorative Practice) work takes place and I consent to share my personal contact details with researchers including my name, date of birth, gender and ethnicity and have further communication with them after the process to respond to research questions.** |
|  |  | **We will share details for participants currently residing in Local Authority Care with their care setting, as well as social worker, unless asked not to.** |
|  |  | |  |  | | --- | --- | | **Name of Referrer:** |  | | **Young Persons signature:** |  | | **Parent/Carer signature:** |  | | **Date:** |  | |
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