

# Agency referral to the Office of the Children's Convenor



## CONFIDENTIAL

Please complete the form and return it to:

Office of the Children's Convenor, Briarwood, La Grande Rue, St Martins, GY4 6RX  
or email to [childrensconvenor@gov.gg](mailto:childrensconvenor@gov.gg)

### Agency details

Name of referring agency

Name and designation of referrer

Contact details (e-mail, telephone number, mobile telephone number etc)

Other agency who has/might have information about the child

Name of contact

Contact details (e-mail, telephone number, mobile telephone number etc)

Other agency who has/might have information about the child	Name of contact	Contact details (e-mail, telephone number, mobile telephone number etc)

### Child's details

Name of child

Date of birth

Current address

Previous know addresses

Current living arrangements

Details of any contact with a person believed to be a source of concern in relation to the child and nature of concern.

### Details of parents/carers

Name Date of birth Address Relationship to child Parental responsibility?

Name	Date of birth	Address	Relationship to child	Parental responsibility?

### Reasons for referral

Which of the 32 (2) conditions may be relevant to the child?

Please state why compulsory intervention may be required

What steps have been taken to assess the needs of the child?

Why are voluntary provisions not sufficient?

### Documents attached to support referral

- Child protection plan
- Initial/Review Child Protection Report
- Strategy Minutes
- Case Chronology
- Paediatric Report
- Child's Plan
- Other

### Name and Position of Referrer

Signature

Date