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| **CHOOSE TO CHANGE – SELF REFERRAL ENQUIRY FORM PLEASE SEND COMPLETED REFERRALS TO:**  [**c2c@relatecoventry.org**](mailto:c2c@relatecoventry.org) |

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| **Your Information** | |
| Full Name: |  |
| Date of Birth |  |
| Address |  |
| Contact Telephone Number/s \*this cannot be a shared contact number |  |
| Contact E-mail  \*this cannot be a shared email address |  |
| Employment details (Job and working hours) |  |
| Current or Ex Forces | Yes 🞏 No 🞏 |
| First & Other Languages |  |
| Ethnic Origin |  |
| Religion |  |
| Disability needs Yes/No  *If yes, please outline* | Yes 🞏 No 🞏 |
| Literacy needs Yes/No  *If yes, please outline* | Yes 🞏 No 🞏 |

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| **Reason for Enquiry** |
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| --- | --- |
| **Current Partner Details: Please ensure you have been given consent to provide this information** | |
| Full Name: | |
| Date of Birth: | Ethnicity: |
| Address: | |
| Contact Number: | |
| Postcode: | |

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| **Previous Ex- Partner(s) with whom you still have contact with or with whom you still have contact regarding children with: Please ensure you have been given consent to provide this information** | |
| Name of Ex Partner(s): | |
| Date of Birth: | Ethnicity: |
| Address: | |
| Contact Number: | |
| Postcode: | |

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| **Children’s Details:** | | | | | |
| **Name(s)** | **D.O.B** | **Parent’s Names** | **Gender** | **Ethnicity** | **Who does the child live with?** |
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| **Social Care Involvement:** | | | |
| **Child:** | **Social Worker** | **Social Worker Contact Number** | **Social Care Plan:** |
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| **Social Care Plans:** Child Protection **(CP)**, Child In Need **(CIN)**, Looked After Care **(LAC)**, Early Help **(EH)**, No social care plan **(No Plan)** | | | |
| **Child Contact Arrangements:** Reside with Child/Regular contact/Supervised Contact/Court Order/Other | | | |

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| **Other Agency Support/Involvement:** | |
| **Agency:** | **Please detail any involvement and reason:** |
| Police (please note here if you have any current Court Orders, police investigations, bail conditions or Court Hearings open or pending): |  |
| Probation: |  |
| Mental Health Services |  |
| Drugs/Alcohol/Substance Support Services |  |
| CAFCASS (Current and/or Closed in the **last 12 months**) (please note here if in relation to Public or Private Law proceedings) |  |
| Solicitors (please note here in what capacity) |  |
| Court Proceedings (Current and/or Closed in the **last 12 months**) (please note here if Public or Private Law and nature of proceedings/court case) | Most recent Court Date: …………………………..  What is/was the reason you are/were in Court eg Child contact/Divorce/Separation/Childresns Services taking court action/Safety Orders/other |
| Other |  |

**Thank you for completing your Choose to Change enquiry form**

**This will be reviewed by our team as soon as possible and we will contact you directly regarding an outcome of this review and how we are able to proceed**

**Form updated June 2022**