

Multi Agency Referral Form
To CEA (formerly Falkirk & District Women's Aid)
Children & Young People's Service

DOMESTIC ABUSE is any form of physical, emotional, or sexual abuse, which takes place in the home or elsewhere between partners or ex-partners and is most commonly perpetrated by men towards women.
CEA provide 1-1 or group support for children who have been or might be affected by any form of domestic abuse

Date of Referral: OASIS Ref No : Child's OASIS Ref No:

Referred By (Name):

Relationship to the young person:

Referrer's contact details:

Telephone No:

Referral To: 1:1 support CYP Group

Parent/Guardian's Name:

Address:

Telephone No: **Safe to call / text** : Yes / No

Child's Name

DOB of child/ Age **School/ Nursery:**

Named person:

Gender:

Nationality:

Ethnicity:

First language of caregiver:

Client:

Interpreter required: Yes / No



Committed to Ending Abuse

21 Wellside Place
Falkirk FK1 5RL
t: 01324 635661
e: info@cea.uk.com
cea.uk.com

Disability: Yes No Not sure Not Disclosed

If yes, please circle: Deaf Visual Physical Learning Mental Health Chronic Illness Other

Any additional support needs

Who is the perpetrator?

Any relevant Medical Information if known (any allergies):

Please indicate if there are any child protection issues:-

Reason for Referral and what you think is the cause of this?
.....
.....

Outcome the referring agency is seeking

Is the young person in agreement with this referral: Yes No Unknown N/A

Is the parent/guardian aware of and supportive of the referral

Has the young person agreed to this information being shared: Yes No Unknown N/A

How would the young person like to be contacted i.e. e-mail text, phone? Please state here:

Other Agencies Involved with the family?

Additional information:

