

Here for families of seriously-ill children. Always.



### Sebastian's Action Trust Professional Referral Form

The below information has been sent to you as a professional working with the below family as part of our referral process. The referral will not be processed until we are in receipt of this Professional Referral Form (please see below page for clarification on notable safeguarding concerns)

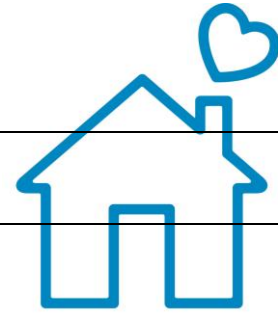
#### Personal Details

Child's full name	
Child's date of birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Condition	
<b>Any safeguarding concerns?</b>	
Home Address	
County	
Postcode	
Mum's Name	
Contact Number/ Email	
<b>Any safeguarding concerns?</b>	
Dad's Name	
Contact Number / Email	
<b>Any safeguarding concerns?</b>	
Key Worker (if relevant)	<b>Name:</b> <b>Telephone:</b> <b>E-mail:</b>
Siblings	
Name and Date of Birth	
<b>Any safeguarding concerns?</b>	
Name and Date of Birth	

#### Sebastian's Action Trust

Unit 8, Tanners Yard, London Road, Bagshot, Surrey, GU19 5HD  
 Tel: 01344 622500 info@sebastiansactiontrust.org www.sebastiansactiontrust.org  
 Registered Charity (No.: 1151146) & Company Limited by Guarantee (No.: 8339436)

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<p><b>Any safeguarding concerns?</b></p>	
<p><b>Is there anyone who is close to the family who could pose a safeguarding concern (e.g. previous partners)</b></p>	

**Notable Safeguarding Concerns**

All information disclosed will remain confidential and no judgements will be made. Please do not share any information which the family has not given consent to share.

This information is being requested as staff are lone workers and we host communal events bringing together at risk children, in the interest of keeping staff and other service users safe please disclose any relevant information, such as;

- History of/current domestic abuse
- History of/ current substance misuse
- History of/ current mental health diagnosis/concerns
- Parental special needs
- History of/ current sexual abuse
- Current child protection plan
- Any other relevant information that you feel we should be aware of in supporting the family

**For office use only**

<p><b>Date Referral Received:</b></p>
<p><b>Date Referral Allocated to Outreach:</b></p>
<p><b>Allocated case to:</b></p>

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