

VERU PARENTAL SUPPORT REFERRAL FORM

To be completed by anyone who may be concerned about a parent/care giver who's child/ young person/vulnerable adult is at risk of or involved in Child Exploitation (CE).

*Please ensure all mandatory fields marked * are completed before submitted to avoid any delays or your referral being rejected.*

* Referred Person/Parent		
* Forename:	* Surname:	
DOB	Gender	
Ethnicity	Faith/Religion (If disclosed)	
* Registered address	* Residing address	
* Postcode	* Postcode	
Name of Child concerned about:	D.O.B:	
Name of Child concerned about:	D.O.B:	
Name of Child concerned about:	D.O.B:	
Contact number(s) for person referred:		
Does this person require an interpreter?	Yes	No
* Referring Person/Agency Details		
* Name:	* Agency Name:	
* Address		
* Telephone number	* Email address	
History (background of the person being referred and why they are being referred, eg: concerns about gang association or personal safety)		

* Do you considered this person to be a witness/victim/suspect?			Yes	No
Victim	Witness	Suspect	Other (please state)	
* Multi-Agency Support & Involvement				
If the person being referred is known to Social Care, YOT, other local authority services or other agencies, please provide further details below:				
* Local Authority Status (LAC/CIN/CP etc for both parent & child):				

Based on your knowledge of the person, please tick the following boxes as appropriate.

✓			
* Safeguarding & Wellbeing (please tick as appropriate and include relevant information)			
	Has the person experienced violence (domestic violence/family breakdown/fleeing a war torn country/sexual exploitation)?	Yes	No
	Does the person have a history of mental/chronic ill-health personally or with direct family members?	Yes	No
	Has the person experienced a bereavement/loss, if so when?	Yes	No
	Does the person have a history of physical or emotional/sexual abuse?	Yes	No

* If you are making this referral on behalf of another person, do you have consent to share this information?		Yes	No
Signature of person making the referral:		* Date:	

Office Use Only

Date received:	
Does it meet VERU Criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Support required:	YIS Support/3 Party Agency ect.
Assigned to:	
Date assigned/referred:	

Please return your completed referral form to VERU@Bedfordshire.pnn.police.uk

Thank you for supporting the VERU in tackling child exploitation.

VERU YIS Team – Youth Intervention Specialist