

**North Somerset ASB Steering Group Referral Form**

To submit a referral to the ASB Steering Group, please complete this form. This must be submitted no later than noon on a Tuesday, to be heard at the Thursday ASB Steering Group meeting later that week.

Once complete, please send to asbreferrals@n-somerset.gov.uk

**Your Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Agency** |  |
| **Position Held** |  |
| **Department** |  |
| **Email** |  |
| **Phone Number** |  |
| **Mobile Number** |  |

**PLEASE NOTE:**

If you submit a referral you or a representative from your organisation will be expected to attend the meeting.

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| **Can you or a colleague attend the next meeting to discuss your referral?** ***Please note - if you cannot attend your referral may not be discussed.*** |
| YES/NO |
| **Are there any agencies you wish to invite to the meeting to discuss your referral? If yes, please provide their contact details below so an invite can be sent.**  |
| YES/NO (If yes, please provide details) |

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| --- | --- | --- | --- | --- | --- |
| **Case no:** |  | **Referred by:** |  | **Date referred:** |  |
| **Beat name:** |  | **Agreed lead agency:** |  |
| **INVOLVED PARTIES/LOCATION** |
| **#** | **NAME & D.O.B** | **Home Address** | **Key information and exacerbating factors** |
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| **CASE OVERVIEW & REFERRAL OBJECTIVE** |
| **Case Overview:****Referral objective:** |
| **KEY INTERVENTIONS / ACTIONS TAKEN** |
| **INTERVENTIONS** | **START DATE** | **END DATE** | **COMMENTS \*i.e. on whom/where and outcome** |
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| **CURRENT AGENCY UPDATES \*to be given prior to the meeting where possible.** |
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| **ACTION PLAN** |
| **PLAN SUMMARY** | **Short Term****Longer Term** |
| **MEETING ACTIONS** |
| **Action agreed** | **In relation to who/where?** | **Owner** | **Date due** |
|  |  |  |  |