

**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](mailto: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** | |
|  | | | | | |  | | | |  |  | |