



£ 22
APP.A. 14.5.9
GCP.

CLIENT NOTIFICATION

CONFIDENTIAL

N.B. Completion of shaded sections is essential

CLIENT SURNAME RICHARDS
CLIENT REFERENCE NO. 49,3524

DATA PROTECTION ACT 1984 & ACCESS TO PERSONAL FILES ACT 1987

Has this information been verified by the client and/or client's representative? Yes No

Is client aware that information supplied on this form may be computerised and used for social work purposes and will only be disclosed on a confidential basis? Yes No

CLIENT DETAILS AND MEMBERS OF HOUSEHOLD

✓ If client	Title	Surname	Forenames	Date of Birth	G	Relationship to Client	Employment School	Client Ref. No.
✓	MRS	RICHARDS	GLADYS	13 APR 07	F			

Surname Alias(es): _____ Forename Alias(es): _____

ETHNIC ORIGIN	RELIGION	MAIN LANGUAGE
Bangladeshi BN	Buddhist BU	Bengali BE
Black African BA	Christian CH	British Sign Language BS
Black Caribbean BC	Hindu HI	Cantonese CA
*Black Other BD	Jewish JE	English EN
Chinese CH	Muslim MU	Gujerati GU
Indian IN	Rastafarian RA	Hindi HI
Pakistani PA	Sikh SI	Punjabi PU
Req. and unable to prove RU	*Other OT	Urdu UR
Vietnamese VI	None NO	Vietnamese VI
White East European WE	Unable/refused to give information XX	*Other European OE
White Eng/Scot/Welsh WB		*Other OT
White Irish WI		
White other European WO		
*Other OT		
Refused to give information RI		

Further Details (for use if selecting items marked with *)

CLIENT'S ADDRESS <div style="border: 1px solid black; padding: 5px; font-size: 2em; text-align: center;">Code A</div> Post code: Code A Tel. No. Work: _____ Home: Code A	PREVIOUS ADDRESS _____ _____ Post code: _____ From: _____ To: _____	CONTACT OFFICE <input type="checkbox"/> Received by: <i>huk</i> Date and time received: Time: <input type="checkbox"/> : <input type="checkbox"/> Day: <input type="checkbox"/> Month: <input type="checkbox"/> Year: <input type="checkbox"/>
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REFERRER'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px; font-size: 2em; text-align: center;">Code A</div> Tel. No.: Code A Relationship to client: _____	ADMIN. CHECK: Previous known involvement _____ Office: _____ File Location: _____	At risk <input type="checkbox"/> Caution <input type="checkbox"/> No disclosure <input type="checkbox"/>
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LINK PERSON (if not living in clients household)
 Name: _____
 Address: _____
 Tel. No.: _____ Relationship: _____

G.P. Name: _____
 Address: _____
 Tel. No.: _____

OTHER AGENCIES INVOLVED					
	Name	Tel. No.		Name	Tel. No.
Housing			School		
Health Visitor			Other LA.		
Hospital			NSPCC		
Police			DSS		
Probation			C.A.B.		
EWO			Independent Provider		
Cross reference to CR6a or b if necessary			Other		

CHILD AND FAMILY THERAPY/HOSPITAL USE			
Ward/Clinic	Clinical Diagnosis	Admission Date	Discharge Date
EB	# (R) NoF.	30.7.98	

NOTIFICATION DETAIL CODES		
SOURCE	REQUEST	PRESENTING PROBLEM
01 Primary Health Team	00 Not Relevant	00 Not Relevant
02 Hospital Team - In Patients	01 Social Work Investigation/Assessment	01 At Risk of Abuse
03 Hospital Team - Out/Day Patients	02 Social Work Intervention/Treatment	02 Mental Health
04 Consultant Child Psychiatrist	04 ASV Assessment	03 Emotional Disturbance
05 Education Department/School	05 Supervisory Responsibilities	04 Social Relationships
06 School Psychological Service	08 Equipment Issue	05 Accommodation
07 Police	09 Adaptations	06 Homelessness
08 Court, Probation	10 Day Care	07 Infant/Maternal
Local Authority Housing Department	11 Residential/Substitute family care	09 Behavioural Difficulties
Other Local Authority	12 Adoption - Advice	10 Social Isolation
Voluntary Organisations	13 Adoption - Undertake G.A.L.D. Duties	11 Illness
D.S.S.	14 Application to become Foster Parent	12 Other
Intra-Department	15 Investigation of Private Fostering	13 Inability to cope
Self	16 Registration (C.M. P.G.)	14 Sight Loss
Relative, Friend, Neighbour	17 Disabled Registration (all categories)	15 Learning Loss
Other	18 Admission to Psychiatric Hospital	16 Other physical disability
H.M. Forces	19 Psychiatric Regrading	17 Child Protection
Emergency Duty Team	20 After Care/Convalescence	18 Detained Juvenile
	21 Other	19 Client Absconded
	22 Financial help	20 Dual Sensory Loss
	23 Disabled Driver's Badge	21 Learning Difficulty
	24 Domiciliary Support	22 Degenerative Illness
	25 O.T. Assessment	23 Evidence/Concern about Adult Abuse
	26 Offer of Child for Adoption	
	27 Request to adopt 1983 Adoption Agency Regs	
	28 Adoption - Welfare Supervision	
	29 Adult Placement - Request to become a Carer	
	30 Post Adoption Section 51	
	31 Education Statement D.P.A. 1986	
	32 Link Family Application	
	33 Multi Disciplinary Assessment	
	34 Act as Appropriate Adult	
	35 Information/Advice	
	36 Advocacy	
	37 Carer's Assessment	
	39 Care Management Assessment	
	40 Sensory Impairment Team Assessment	
	41 Respite	

COMPUTER INPUT (I)		
File Location	Date	Initials