

# Child Exploitation Referral Form

Referral information							
Date of referral:		Name		Job title		Telephone number and email address	
Childs Name		Date of Birth		Ethnicity		Gender	
Confirm consent for support has been given by the child (Y/N):				Date Consent obtained:			
Address:							
Parents Names and contact details (telephone number/email address/ address if different to child)							
Professionals currently working with Child (List):							
Reason for referral/ Requested work:							
Direct work <input type="checkbox"/>							
Resources <input type="checkbox"/>							
Work already been completed:							

Please send this referral form to [CSEinbox@staffordshire.gov.uk](mailto:CSEinbox@staffordshire.gov.uk) along with a completed CE Risk Factor Matrix Form. **Referrals sent without an updated RFM will not be accepted.**