

- You can refer children at [www.bemyparent.org.uk](http://www.bemyparent.org.uk). Call us for more information.
- For reasons of security, we recommend that you refer via our website, or by faxing or posting this referral form, rather than emailing it.
- Detailed information on writing profiles and selecting a suitable photograph, as well as downloads of this form, referral deadlines and fees, our cancellation policy and terms and conditions can be found at [www.bemyparent.org.uk/info-for-agencies](http://www.bemyparent.org.uk/info-for-agencies).

**1 - REFERRAL DETAILS**

**1.1 I would like to feature the child/ren named below in *Be My Parent*:**

- In the newspaper only - Please complete section 1.1.1 below
- Both in the newspaper and online (concurrently) – Please complete sections 1.1.1 and 1.1.2 below
- Online only (the profile will remain online for up to three months) - Please complete section 1.1.2 below

**1.1.1 If you have chosen for the feature to appear in the newspaper please select:**

- The number of consecutive issues. If you do not tick a box, we will assume one issue:

- 1       2       3

- And the size of the advert (for word counts, please refer to section 3.1). If you do not tick a box, we will assume standard profile:

- For individual children:
  - Standard profile (1/8 page) |  Enhanced profile (1/4 page) |  Half-page profile |  Full-page profile
- For sibling groups:
  - Standard profile (1/4 page for 2 to 3 siblings – 3/8 page for 4 or 5, 1/2 page for 6 or more)
  - Half-page profile                       Full-page profile

**1.1.2 If you have chosen for the feature to appear online, please choose the area of the website that the online profile is to appear in (visit <http://www.bemyparent.org.uk/info-for-agencies/agency-faqs/> for more information). Selecting 'All areas' may result in the child's photo, first name and month/year of birth appearing on the home page. However, this should also significantly improve the chances of enquiries. If you do not tick a box, we will assume CRB checked or approved subscribers area:**

- All areas                       Subscribers area                       CRB checked or approved subscribers only

**1.2 Names of the child or sibling group being featured together (In age order with oldest child first)**

Surname(s)	First name(s)	Abbreviated name*	Pseudonym**	Date of birth (in full)	Sex
					M / F
					M / F
					M / F
					M / F
					M / F

\* Only include the abbreviated name if the child is usually known by this name.

\*\* Only use a pseudonym if necessary for legal or other reasons.

**1.3 Has the child or sibling group been featured previously in *Be My Parent*?** Referral forms are valid for a year, so for children featured within the last 12 months, just fill in Sections 1.1, 1.2, 1.3, 1.5 and 6.1 of this form, or fax us this information. For children featured over a year ago, you need to fill in all sections of this form. Also note that siblings previously featured together will require new, individual forms if featured separately.

- No                       I'm not sure                       Yes If so, in which issue? \_\_\_\_\_

**1.4 Are other siblings being featured in the same publication?**

A separate form is needed for each child or sibling group featured separately but in the same issue.

Surname(s)	First name(s)	Date of birth (in full)

**1.5 Has the child or sibling group been referred to the Adoption Register for England & Wales?**  Yes  No Date: \_\_\_\_\_

**1.6 When was the decision for the child/ren to be adopted or permanently fostered made – ‘best interest’ (AA Regs 1983, England & Wales), decision to place for adoption under the Children and Adoption Act 2002, or ‘registration’ (AA(S) Regs 1996/AS(S) Regs 2009, Scotland)?** Date: \_\_\_\_\_

**2 – CHILDREN’S DETAILS**

No need to repeat these details in the child’s profile, unless they have a particular relevance.

**2.1 Ethnic and cultural descent** Please state the ethnic and cultural descent of the child/ren, birth mother and birth father. Please use the Additional information field below to provide additional relevant information such as their country of origin or linguistic identity. Please use the following broad categories, based on the Census 2001.

	Child/ren	Birth mother	Birth father
Asian Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
black other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mixed other – please state below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other – please state below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white and black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information			

**2.2 Religion** Please state the religion of the child/ren, their birth mother and birth father. Please tick "Unspecified" if religion is **not** a significant part of the child's or birth parents' heritage and/or is **not** a consideration for the family needed, so as not to restrict enquiries from prospective families. Please include more information in the text of the profile if needed.

	Child/ren	Birth mother	Birth father
Unspecified (if not a matching consideration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.3 Type of placement** (You may tick both boxes, if required.)

- Adoption       Permanent fostering

**2.4 Type of family needed** (Please provide additional information, including ethnicity, in the text of the profile.)

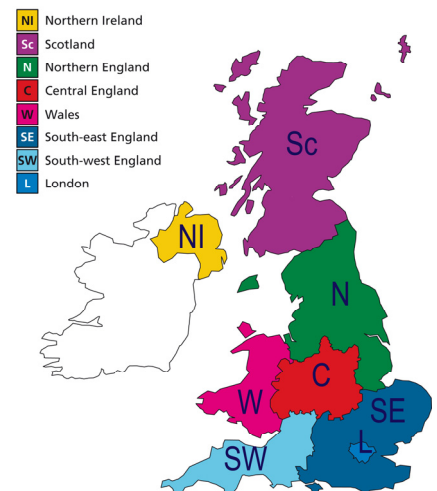
- One parent       Two parents       One or two parents

**2.5 Possible regions for placement, as shown on the map on the right**

- Any in the UK

or specify any of the following (tick as many as you like):

- central England |  London |  northern England  
 Northern Ireland |  Scotland |  south-east England  
 south-west England |  Wales



**2.6 Contact**

- Direct       Indirect

Please provide additional information, such as whom the contact is envisaged to be with, and frequency.

**2.7 Legal status of each child** Please also refer to information under section 6.1. (Please tick relevant box.)

England & Wales	Scotland
<input type="checkbox"/> <b>Accommodated, S20</b> , Children Act 1989 (England & Wales)	<input type="checkbox"/> <b>Accommodated, 25</b> (Scotland) Act 1995
<input type="checkbox"/> <b>Care Order S31</b> , Children Act 1989	<input type="checkbox"/> <b>Care Order S31</b> , Children Act 1989
<input type="checkbox"/> <b>Freeing Order, S18</b> , Adoption Act 1976 (England & Wales)	<input type="checkbox"/> <b>Freeing Order, S18</b> , Adoption (Scotland) Act 1978
<input type="checkbox"/> <b>Interim Care Order, S38</b> , Children Act 1989	<input type="checkbox"/> <b>Interim Care Order, S38</b> , Children Act 1989
<input type="checkbox"/> <b>Placement Order, S21</b> , Adoption and Children Act 2002 (England & Wales)	<input type="checkbox"/> <b>Permanence Order, S80</b> , Adoption and Children (Scotland) Act 2007
<input type="checkbox"/> <b>S19</b> , Adoption and Children Act 2002 (England & Wales)	<input type="checkbox"/> <b>Permanence Order with Authority for Adoption, S80</b> , Adoption and Children (Scotland) Act 2007
<input type="checkbox"/> <b>S20</b> , Adoption and Children Act 2002 (England & Wales)	<input type="checkbox"/> <b>Parental Responsibilities Order, S86</b> , Children (Scotland) Act 1995
	<input type="checkbox"/> <b>Supervision Requirement, S70</b> , Children (Scotland) Act 1995
<b>Other</b> (Please specify):	

**2.8 Support plan**

Date of most recent assessment of support needs: \_\_\_\_\_  
Please give specific details of needs identified and of support offered, and/or tick relevant boxes below.

- Possible adoption financial support  Fostering allowance  
 Other financial support (e.g. Disability Living Allowance) (please specify): \_\_\_\_\_

**2.9 Additional information** (For statistical purposes. Add name of each child and put a cross in the relevant box. This information is confidential: only include, in the actual description of the child, the aspects that have relevant implications for the child's development and future, including genetic risks.)

**Names of children (each column corresponds to a child; add child's name and extra columns if needed)**

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_

	1	2	3		1	2	3
Mainstream education with extra help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foetal alcohol syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment for drug withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement/Record/Coordinated support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild/moderate/severe learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genetic risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific medical needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life-threatening condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment/Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment/Deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse/Sexualised behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/language impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attachment difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down's syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/s with mental ill-health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autistic spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/s with learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other additional information: \_\_\_\_\_

**3 – PROFILE OF CHILD/REN**

**3.1** Please attach the profile of the child/ren you are referring to this form as hard copy (either typed up or handwritten). You can also email it separately to [bmp@baaf.org.uk](mailto:bmp@baaf.org.uk).

**For referrals in the newspaper only:** please provide a print profile (see maximum word limit below)

**For referrals in the newspaper and online:** please provide a print profile (see maximum word limit below) and a longer profile, if desired, for the web (see recommended word limit below). If you have ticked 'all areas' of the website, please also provide a short profile (maximum 50 words)

**For referrals online only:** please provide a web profile (see recommended word limit below). If you have ticked 'all areas' of the website, please also provide a short profile (maximum 50 words)

**For guidelines on how to write a profile for publication in Be My Parent please visit [www.bemyparent.org.uk/info-for-agencies/making-referrals](http://www.bemyparent.org.uk/info-for-agencies/making-referrals)**

Maximum word limit (includes text profile and all details from sections 2.1 to 2.9)					
	Newspaper	Web		Newspaper	Web
<b>Individual child</b>			<b>Sibling group</b>		
Standard profile – 1/8 page	175	Recommended maximum 500	of 2 or 3 children	350	Recommended maximum 900
Enhanced profile – 1/4 page	350		of 4 or more	500	
<ul style="list-style-type: none"> <li>The word count for the half-page and full-page profiles will vary depending on the other material included (photos, poems, drawings, etc.). Please refer to guidelines on our website or discuss with Be My Parent.</li> <li>Profiles should be of approximately the length given above. However, it is better to give too much information rather than too little, as the profile will be edited by Be My Parent staff.</li> </ul>					

Be My Parent staff edit profiles, in consultation with a Child Placement Consultant, who is a qualified, experienced social worker, to ensure that the profile:

- fits in with the *Be My Parent* house style
- follows good social work practice
- is of the right length
- flows well from a logical point of view, avoids repetitions and is reader-friendly.

We will advise you of any significant change and discuss queries with you. You will be sent a copy of the edited draft profile for review and will have the opportunity to make changes.

- **For each child**, please remember to include details of their personality; interests/hobbies/talents; development and needs; care history and previous experiences; health issues; education; the child's views (if appropriate) and their foster carer's views (see referral information on [www.bemyparent.org.uk](http://www.bemyparent.org.uk)). Various profile options mean that you can include more information if needed, e.g. enhanced for a single child, half-page or full-page.
- **For sibling groups**, please include an introductory paragraph about the children together, followed by an individual description of each child, including the information mentioned above. For twins, please ensure that you provide information which reflects each child's individual personality. Comparisons between the children in a sibling group are best avoided for the same reason.

### 3.2 Child involvement

What was the degree of involvement of the child in preparing this referral and profile (where 0 indicates no involvement, and 5 a high degree of involvement): 0  | 1  | 2  | 3  | 4  | 5

## 4 – PHOTOGRAPHS AND VIDEO CLIPS

Please refer to full guidelines regarding selecting appropriate photographs and making a good video clip for *Be My Parent*:  
[www.bemyparent.org.uk/info-for-agencies/making-referrals](http://www.bemyparent.org.uk/info-for-agencies/making-referrals)

- 4.1 Sending the photograph(s):** Please provide either good-quality, glossy print(s) or digital photograph(s). Prints can be posted to Be My Parent and we will scan them and return the original(s) to you. Digital photographs can be either emailed to [bmp@baaf.org.uk](mailto:bmp@baaf.org.uk) or sent to Be My Parent on a disk. Up to six photographs can be attached to a profile on the web.
- 4.2 Specification for digital photographs:** Please provide the photographs as JPEGs (we do not accept other formats). Please ensure that you send photographs of sufficient quality: minimum file size is **250KB** for one child (standard profile), and **500KB** for a sibling group or an enhanced profile. We recommend a minimum of **1Mb** for a half-page or full page profile.
- 4.3 Sending the video clip:** Please send the video clip to Be My Parent on a CD-Rom or DVD. We can convert the clip to the appropriate format for the website. We will check the clip and let you know if there are any problems.
- 4.4 Permission:** We assume that you will have obtained permission to publish the child's photograph or video clip. (Usually the photographer or film-maker holds the copyright, unless the rights have been granted to your agency.)

## 5 – AGENCY CONTACT DETAILS

### 5.1 Contact person for child or sibling group featured

The social worker named below will receive enquiries from interested families. Please remember to fill in all the relevant details (including fax number!). Please note that if neither the contact person nor the alternative contact is available, enquirers may be referred to the Team Manager.

Name

Full name of agency or local authority

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax (essential) \_\_\_\_\_  
 Best times to ring \_\_\_\_\_  
 Email (essential) \_\_\_\_\_

**5.2 Alternative contact** (For messages)

Name \_\_\_\_\_  
 Address (if different from above) \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax (essential) \_\_\_\_\_  
 Best times to ring \_\_\_\_\_  
 Email (essential) \_\_\_\_\_

**6 – AGREEMENTS (It is essential to fill in this section)**

**6.1 Agreement to publicity and to terms and conditions** At least one person or body with parental responsibility for the child under the Children Act 1989, the Adoption and Children Act 2002, the Adoption (Scotland) Act 1978, the Children (Scotland) Act 1995 or the Adoption and Children (Scotland) Act 2007 should normally consent to publicity in *Be My Parent*. Good practice requires that birth parent(s), where possible, are consulted and kept informed. If this section is not filled in, the child cannot be featured! For more information, please refer to our website, or consult Be My Parent.

**For a child or children in England and Wales needing adoption, but where there is no placement or freeing order, we can accept your referral only if you can answer YES to either of the two questions below:**

- Have birth parents consented to publicity (by ticking yes, you are confirming that you hold a copy of this agreement on file)? Yes  No   
 Date of meeting or letter when birth parents gave consent to publicity: \_\_\_\_\_  
 or
- Has agreement to publicity been obtained from the Court? Yes  No   
 If yes, please give details of Court from which agreement to publicity was obtained:  
 Name of Court \_\_\_\_\_ Date: \_\_\_\_\_

**NB – If referring a child whose legal situation does not meet these requirements, please contact Be My Parent for discussion.**

**For a child or children referred from Scotland, because of the duties to looked after children which are on local authorities in terms of S17 of the Children (Scotland) Act 1995, parental consent is not absolutely necessary, although it is good practice to obtain this wherever possible.**

**6.1.1 Agreement by team manager of agency/local authority** Please sign the following declaration:

"I agree to the terms and conditions of referral; I declare that the information given above is accurate. We have permission to feature the child/ren on the *Be My Parent* website (if relevant). I will inform the Be My Parent service, within 28 working days, when the child has been linked with a family at panel."

Name of person authorised to feature the child or sibling group \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date: / / \_\_\_\_\_

**6.2 Free publicity in other media**

From time to time Be My Parent works in collaboration with the national or regional press or radio stations or television to feature children who are waiting for a new family. Do you wish the child or sibling group to be considered for this additional publicity (at Be My Parent's discretion and free of charge)? Yes  No

## 7 – WHAT TO DO NEXT?

**To make a valid referral, you must send:**

- Completed Referral Form (**signed where necessary; section 6.1.1 must be signed by your team manager**)
  - Text of the profile (please provide separately, either as hard copy sent or faxed with your referral form, or as an email attachment sent separately)
  - A recent, clear, colour photograph sent either as a high-quality print or as a JPEG (via email or on disk). If you have referred the child online, you can send up to six photographs
  - If applicable, a short video or audio clip of the child, which you can send on a CD-Rom or DVD (please refer to the guidelines regarding length and format here [www.bemyparent.org.uk/info-for-agencies/making-referrals](http://www.bemyparent.org.uk/info-for-agencies/making-referrals))
  - If applicable, a purchase or official order form with the child/ren's name.
- Only complete referrals will be accepted, although – very exceptionally – photographs can follow later.
  - Do not send a cheque or BACS remittance at this stage but pay on receipt of invoice.
  - Photocopies of this form are acceptable. Please ask Be My Parent for more forms if required, or download them from our website: [www.bemyparent.org.uk/info-for-agencies](http://www.bemyparent.org.uk/info-for-agencies).
  - Referrals received after the deadline will usually be transferred to the next issue, although we will occasionally be able to accommodate them, space and time permitting.

**Send your referral form to:**  
**Be My Parent**  
**BAAF**  
**Saffron House, 3<sup>rd</sup> Floor**  
**6-10 Kirby Street**  
**London EC1N 8TS**  
**or fax it to: 020 7421 2660**

**In case of queries call 020 7421 2666 or email [bmp@baaf.org.uk](mailto:bmp@baaf.org.uk)**

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