



ULLESAKER  
KOMMUNE

AVDELING OPPVEKSTMILJØ  
REFERRAL FORM

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

**Referrer:**

|       |               |            |
|-------|---------------|------------|
| Name: | Phone number: | Signature: |
|-------|---------------|------------|

Relationship to the child/agency:

\_\_\_\_\_

Has consent been given for the referral form to be sent??

|                               |     |                          |    |                          |
|-------------------------------|-----|--------------------------|----|--------------------------|
| Parent 1                      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Parent 2                      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Teenager over 16 years of age | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

**The child:**

|                                       |                  |
|---------------------------------------|------------------|
| Name:                                 | Phone number:    |
| National identity number. (11 digits) |                  |
| Address:                              |                  |
| Postal code and place:                |                  |
| Number of siblings:                   | Age of siblings: |
| School/kindergarten:                  |                  |

**Parents/Guardians:**

|                        |
|------------------------|
| Parent 1:              |
| Address:               |
| Postal code and place: |
| Phone number:          |

|                        |
|------------------------|
| Parent 2:              |
| Address:               |
| Postal code and place: |
| Phone number:          |

**The child lives with:**

Parent/guardian ☐  
Alternately with both parents/guardians ☐  
Permanently with one parent/guardian ☐  
Parent/guardian with new partner ☐  
Other \_\_\_\_\_ ☐



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**Reason for referral:**

**Strong sides and interests of the child:**

What strengths/resources does the child have?

What interests does the child have?

**Support services/Needs:**

What support services are connected to the case?

Will they continue? YES ☐ NO ☐

If yes, what role will they have? \_\_\_\_\_

Does the child have special needs? YES ☐ NO ☐

If yes, what needs? \_\_\_\_\_

**Is there a need for an interpreter?**

NO ☐ YES ☐ Language \_\_\_\_\_

**Other important info**

(E.g. have you previously been in contact with the department, and with who?).



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## AVDELING OPPVEKSTMILJØ REFERRAL FORM

The Department of Childhood Environment (Original Title: Avdeling oppvekstmiljø) has a duty to document and uses a computer-based digital record system for storing personal data. Information you provide in a meeting/conversation with us is covered by a duty of confidentiality and is treated so, in accordance with the Personal Data Act § 1 and 6 (Personopplysningsloven § 1 og 6). If needed and with your consent, we may cooperate with other services. The documents in the case are archived in the municipality's electronic archive. Guardians or children/young people with a right of access pursuant to Section 18 of the Public Administration Act (Forvaltningsloven § 18) may at any time contact The Department of Childhood Environment (Original Title: avdeling Oppvekstmiljø) if they wish to access their portfolio. Ullensaker municipality (Original title: Ullensaker Kommune) shall process personal data so that the integrity, confidentiality and availability of the information are protected. In special cases, the employees of The Department of Childhood Environment (Original Title: avdeling Oppvekstmiljø) are mandatory reporters and has a duty to report to the child welfare service.