**Referral Form**

|  |
| --- |
| Name/Job title of referrer: Date of referral:  |
| Agency/Organisation:  |
|  |
| Contact number: *(pls provide)*  |

**Referring Agency**

**Do the family agree to the sharing of their personal information between services and the storage of this information in line with GDPR legislation? YES**

\*\*Without this consent we are unable to accept or progress with the referral.

**Family information**

|  |  |
| --- | --- |
| Parent Name:  | Parent DOB  |
|  |  |
| Address:  |
| Contact number:   | Email:  |
| Known disabilities/communication needs:  |
| Is an Interpreter required (please state language):  |

Children’s Details **(please use background information box if more lines needed):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Gender | Ethnicity | DOB | Additional need/ Disability | School/Nursery |
|  |  |  |  |  |  |
|   |  |  |  |  |  |
|  |  |  |  |  |  |

**Areas where support may be needed (pls tick P all relevant areas)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child(ren)’s Health** *(inc. doctor, dentist, lifestyle, development, managing health conditions)* |  | **Child(ren)’s Learning***(inc. school (homework), learning through play, early development, encouraging learning, aspiration)* |  |
| **How I feel***(inc. physical, emotional, mental health, dealing with difficulties & alcohol/drug issues)* |  | **Child(ren)’s Behaviour***(inc. help with behaviour, appropriate boundaries, role models)* |  |
| **My Child(ren)’s emotions***(inc. helping children to grow up happy, resilient, connected, with warmth and support)* |  | **Our Family Routine***(inc. bedtime, getting up, mealtimes, basic care, doing things together)* |  |
| **Keeping My Children Safe***(inc. protecting your children, avoiding accidents, bullying, violence, abuse at home or online)* |  | **Home** *(inc. secure and adequate home)* |  |
| **Friends and Community***(inc. positive friendships, social life, community, developing social skills for children)* |  | **Money** *(inc. bills, rent, debt, managing finances)* |  |
|  |  | **Work***(inc. aspirations, barriers, work skills, training, job hunting)* |  |

|  |
| --- |
| Background Information and Known Risk Information (please attach additional sheet if more space is required) |
|  |

**Where to send your completed form?**

**Stoke-on-Trent North - Just Families CIC**

**enquiresjustfamily@gmail.com**

Goldenhill and Sandyford Great Chell and Packmoor

Tunstall Little Chell and Stanfield

Bradeley and Chell Heath Badderley, Milton and Norton

**Stoke-on-Trent Central – YMCA**

**Referrals@ymcans.org.uk**

Burslem Central Burslem Park

Ford Green and Smallthorne Sneyd Green

Moorcroft Etruria and Hanley

Birches Head and Central Forest Park Abbey Hulton and Townsend

Joiners Square Eaton Park

**Stoke-on-Trent Southwest - Family Focus**

**info@familyfocusstaffs.org.uk**

Hartshill and Basford Penkhull and Stoke

Hanley Park and Shelton Fenton West and Mount Pleasant

Fenton East Hollybush and Longton West

Blurton East Blurton West

Hanford and Trentham Springfields and Trent vale

Boothen and Oakhill

**Stoke-on-Trent Southeast - Alice Charity**

**sereferrals@alicecharity.org**

Bentilee and Ubberley Sandford Hill

Meir Hay Broadway and Longton East

Weston Coyney Meir North

Meir South Meir Park

Lightwood North and Normacot Dresden and Florence

