



Strengthening Families: REFERRAL FORM

Details of referrer:	
Name:	
Telephone:	
E-mail address:	
Agency:	
Are you the Lead Professional / Key Worker	
Has a CAF been completed?	
Lead Professional Name	
Lead Professional Contact Details	

Family Details

Parent / Carer's Name (i.e. parent attending the course)				
Address				
Date of Birth				
Telephone				
Family Details:	<i>PLEASE HIGHLIGHT WHICH CHILD WILL BE ATTENDING THE COURSE WITH THE PARENT (only 1 child aged 10-14yrs can attend)</i>			
No.	Name	Date of Birth	Age	School
1.				
2.				

3.				
4.				
5.				
6.				
GP Name:		Health Visitor Name:		
Practice:		Practice:		
Telephone:		Telephone:		
Any health or mobility issues?				
Is any child subject to a Child Protection Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		Category		
Has any child been de-registered within the last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the child open to Children's Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of child				
Brief history of issues				
Do any of the children have special educational needs		<input type="checkbox"/> Yes, and has a statement		
		<input type="checkbox"/> Yes, but no statement		
		<input type="checkbox"/> No		

Does the parent have any communication or learning needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details:		

Which ethnic group do the family belong to?	Parent:
What faith do the family belong to?	Young Person:
	Parent:
	Young Person:
Language spoken:	
Dialect:	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the parent have any learning support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other agencies involved			
Name	Organisation	Role	Contact Details

What changes/improvements do the parent(s) hope to achieve?

What does the child/young person hope for from attending the course?

What changes does the referrer hope to see within the family?

Briefly describe the current family situation including any work your agency is currently doing.

Other Concerns

Please include anything else that you feel might be useful to know about the family – for instance: mental and physical health issues, parenting issues, discrimination or crime against the family, teenage pregnancy, child protection issues, relationship between family members etc.

Risk Assessment

(please explain any risk involved in supporting the family, e.g. history of violence or aggression, drug/alcohol misuse, family pets, domestic abuse)

Data Protection

Information given will be shared within the multi-agency team to guide the development of appropriate support for each parent, carer and child.

All information will be held securely in accordance with the Data Protection Act (1998) and the Freedom of Information Act (2000)

Referral Consent

Have the family consented to this referral being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you or another professional the family know bring the family to the first session of the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referrer	
Name of Referrer	
Signature	
Date	

Please return this form to:

Sarah Tannock
Family Team Manager / Safeguarding Children Officer
ESCAPE Family Support
16 Stanley Street, Blyth, Northumberland NE24 2BU

sarah.tannock@escapefamilysupport.org.uk

01670 352700