



Waterside Family Support HUB Referral Form

Referral Details	
Name of family or individual referred:	
Address:	
Postcode:	
Home Tel No: Mobile Tel No:	
Parent Email Address:	

Family Information	Name	DOB	Requires Support (Y/N)	Ethnicity	Language Spoken	Disability /Health Issues	Parental Responsibility (Y/N)
Parent 1							
Parent 2							
Carer/Guardian							

(Continue on a separate sheet if required)

	Name	DOB	Age	Gender	Requires Support (Y/N)	Ethnicity	Language Spoken	School Attended	Disability /Health Issues
Child/YP1									
Child/YP2									
Child/YP3									
Child/YP4									

Other Agencies Involved (currently or previously), e.g. G.P. Social Services, CAMHS, Education Welfare, other please specify;		
Name:	Agency:	Contact details:

<p>Family Status: (Please click on box to check)</p> <p>One parent family <input type="checkbox"/></p> <p>Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/></p> <p style="padding-left: 100px;">Please state</p> <p>Two parent family <input type="checkbox"/></p>	<p>Family Composition: (Please click on box to check)</p> <p>Home (both parents) <input type="checkbox"/></p> <p>Home (one parent + partner) <input type="checkbox"/></p> <p>Home (one parent) <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>Kinship Carer/s <input type="checkbox"/> (please specify e.g. Grandparent)</p>
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Primary Reason for this Referral	
Emotional and behavioural difficulty support for primary school children <input type="checkbox"/>	Emotional and behavioural difficulty support for post primary school children <input type="checkbox"/>
Emotional and behavioural difficulty support for pre-school children <input type="checkbox"/>	Child care support <input type="checkbox"/>
Counselling services for children/young people <input type="checkbox"/>	Emotional support for child (bullying, separation etc) <input type="checkbox"/>
Counselling services for families <input type="checkbox"/>	Disability support <input type="checkbox"/>
Domestic violence <input type="checkbox"/>	Drug/alcohol related harm/abuse by child or young person (0-18) <input type="checkbox"/>
Bereavement support (child) <input type="checkbox"/>	Education and employment support <input type="checkbox"/>
Parenting programmes/parenting support <input type="checkbox"/>	School attendance <input type="checkbox"/>
Family breakdown <input type="checkbox"/>	Child care: Creche – After Schools. <input type="checkbox"/>
Other – please state.	

Reason for Referral (Current concerns / issues:
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Type of Service / Programmes Requested:
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Confirmation of Consent: PLEASE READ CAREFULLY BEFORE SIGNING

- I have read and understood the Family Support Hub Information Leaflet.
 - I consent to myself/my family/my child (delete as appropriate) being referred to the Family Support Hub and on to an appropriate service provider.
 - I understand and agree with the information provided and the referral to the Family Support Hub.
 - I understand that a further needs assessment may be required in consultation with myself, in order to identify service(s) required.
 - I understand that in order to access an appropriate service there will be a need to share information about myself or my family with Hub Members, however this will be on an agreed 'need to know' basis.
- *Signed (Parent/Person with Parental Responsibility/Individual)
- Date
- *Referral Forms will only be accepted with either signature or dated confirmation that verbal consent has been given.**

Referred By:	Contact Details:
Name:	Address:
Agency:	Postcode:
Date:	Tel. No:
	Email:

Signed: (Referrer)	Date:
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Please return the completed form to: Waterside Hub, 83 Ledwidge Avenue, Ebrington, Derry. BT47 6GZ;
 Tel: 028 7132 9444, Email: watersidehub@actionforchildren.org.uk

Monitoring Information
 (This information will be treated confidentially and is required for Action for Children statistical recording purposes only)

Child's Ethnicity / Background



Source Self-Assessment Other (specify) _____

Black or Black British

- Caribbean
- African
- Any other Black Background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

White

- White British
- White Irish
- Any other White Background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian

Other Ethnic Groups

- Chinese
- Travelling Community

Not given

- Not given

Please state religious background

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Protestant | <input type="checkbox"/> Catholic | <input type="checkbox"/> Atheist |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | <input type="checkbox"/> Religion not stated |
| <input type="checkbox"/> Any Other, please state _____ | | |

Waterside Family Support Hub.

Who we are:



Action for Children is a leading children's charity providing local services for children, young people and families. We want families to be happy with the information you give us and understand how it is used. Action for Children are the data controller(s) for the information you give us.

What information we collect:

When you refer a family to the services of Action for Children, Action for Children may collect the following information about them:

- Personal details such as child's name, date of birth, address and referral information, extended family information, networks and key agencies involved.
- A running record of our contact with you and/or your child.
- Letters, including e-mail, text or other types of electronic communication.
- Health information physical or mental
- Information about your: health details, racial or ethnic origin, religious or similar beliefs, and /or criminal record.

Using personal information:

Action for Children will only use this information with parents' agreement, for the following reasons:

- To support families and monitor progress,
- To check the quality of the service we provided,
- To meet our legal obligations,
- For monitoring/ reporting purposes.
- To report safeguarding concerns.

Who we might share your information with:

We will share some of the above information about you with the following organisations including other professionals involved.