Enquiry/REFERRAL Form

|  |  |
| --- | --- |
| Name of Family:  |  |
| Address: Post Code:  |  |
| Telephone Number: |  |
| Email: |  |
| Referral Agency:(Name, organisation) |  |
| GP Surgery:  |  |
| Date of Referral: |  |

# Family ComPosition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | D.O.B | Gender  | Relationship  | School  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**REFERRAL TYPE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child** |  | **Parent**  |  |

**Please tick (√) the relevant box above:**

**REASON FOR REFERRAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Adult Mental Health Issues** |  | **Emotional and behavioural difficulty support for parents** |  |
| **Bereavement Support (Adult)** |  | **Emotional support for child (bullying, separation)** |  |
| **Bereavement Support (Child)** |  | **Family breakdown** |  |
| **Child Care Support** |  | **Financial Support** |  |
| **Counselling Support Services for children** |  | **Housing** |  |
| **Counselling Services for Adults** |  | **Homelessness** |  |
| **Counselling Support Services for families** |  | **Offending (at risk behaviour) for children and young people** |  |
| **Disability Support** |  | **Parenting programmes/parenting support** |  |
| **Domestic Violence** |  | **Practical support**  |  |
| **Drug/Alcohol related harm/abuse by child or young person (0-18)** |  | **School Attendance** |  |
| **Drug/Alcohol related harm/abuse by adults (including parents)** |  | **Self-harming (child)** |  |
| **Education and employment support** |  | **Self-care** |  |
| **Emotional and behavioural difficulty support for pre-school children** |  | **Young Carer** |  |
| **Emotional and behavioural difficulty support for primary school children** |  | **Youth activities/support** |  |
| **Emotional and behavioural difficulty support for post-primary school children** |  | **One to one support for young people** |  |
| **Other** |  |  |  |

**Please tick (√) the relevant box(es) above:**

|  |  |
| --- | --- |
| RELEVANT INFORMATION AND/OR ISSUES:  |  |

# DIsability (PLEASE STATE IF ANY):

# ethnicity:

**RELIGION:**

# is family aware of enquiry? yes no

To be Completed by Family Support Hub

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCEPTED AND SIGNPOSTED** |  | **UNABLE TO MEET NEED OF REFERRED (specify)**  |  |
| **REJECTED – ASSESSED AT TIER 3** |  | **SIGNPOSTED BUT FAMILY DID NOT ENGAGE**  |  |
| **REJECTED FOR OTHER REASON (specify)** |  |  |  |
| **ADDITIONAL COMMENTS:** |

**The Family First Hub staff will be holding your personal details and keeping notes on the support provided to you and/or your family. The information will be held and processed by Family First Hub staff who are fully compliance with the requirements committed of the General Data Protection Regulations which came into force on 25th May 2018.**

**The information you provide to the Family First Hub Staff and any other information you may provide in the future will be used by the Family First Hub to monitor and evaluate their work.**

**Some of the support services identified by the Family First Hub staff to support you and/or your family might involve providing your details to third parties. This will be people from other public, community and voluntary agencies who may be able to offer you additional services to support you and/or your family.**

**Information will only be shared with these other agencies to assess your family’s suitability for gaining access to their services and only if you and your family would like to avail of these additional services. We will only provide your personal information to these agencies unless you tell us that you DO NOT require them.**

**You have the right to withdraw your consent at any time.**

**Please tick (√) the relevant box below:**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **I/We agree to information being held by Family First Hub staff.** |  |  |
| **I/We agree to the information that I/we have given to the Family First Hub staff being shared with other agencies whom I/we feel can provide me and/or my family with additional services.** |  |  |

**Child or young person signature of consent: …………………………………………**

**Parent or carer’s signature of consent: …………………………………………………**

**Date: ……………………….**