



Family Support HUB Network Referral Form

NB: REFERRAL TO BE FULLY COMPLETED AND IN BLOCK CAPITALS OR TYPED OTHERWISE FORM WILL BE RETURNED.

Please indicate which Hub you are applying to:

COLERAINE/MOYLE	
MAGHERAFELT/COOKSTOWN	
ANTRIM/BALLYMENA	
LARNE/CARRICK/NEWTOWNABBEY	

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

Please specify below which family member(s) require support:

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:

Please return your completed form to:

Family Support Hubs - Email: familysupporthubs@actionforchildren.org.uk Tel: 028 94467345
Or send completed application form to: Action for Children, Family Support Hubs, 4A Steeple Road, Antrim, BT41 1AF.





<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: 150px;">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>
--	---

<p>Primary Reason for Referral (Please check one box only)</p>	
Adult mental health issues <input type="checkbox"/>	Bereavement support (adult) <input type="checkbox"/>
Bereavement support (child) <input type="checkbox"/>	Child care support <input type="checkbox"/>
Counselling services for children/young people <input type="checkbox"/>	Counselling services for parent/s <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"/>
Drug/alcohol related harm/abuse by adults (including parents) <input type="checkbox"/>	Education and employment support <input type="checkbox"/>
Emotional and behavioural difficulty support for pre-school children <input type="checkbox"/>	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 parents <input type="checkbox"/>
Emotional support for child (bullying, separation etc) <input type="checkbox"/>	Family breakdown <input type="checkbox"/>
Financial support <input type="checkbox"/>	Housing <input type="checkbox"/>
Homelessness <input type="checkbox"/>	Offending (at risk behaviour) for children and young people <input type="checkbox"/>
Parenting programmes/parenting support <input type="checkbox"/>	Practical support e.g. furniture/appliances <input type="checkbox"/>
School attendance <input type="checkbox"/>	Self-harming (child) <input type="checkbox"/>
Youth activities/support <input type="checkbox"/>	One to one support for young people <input type="checkbox"/>
Other – please state	



Please return your completed form to:

Family Support Hubs - Email: familysupporthubs@actionforchildren.org.uk Tel: 028 94467345

Or send completed application form to: Action for Children, Family Support Hubs, 4A Steeple Road, Antrim, BT41 1AF.



Reason for Referral (Current concerns / issues:

Type of Service / Programmes Requested:

Confirmation of Consent: PLEASE READ CAREFULLY THROUGH COMPLETED FORM BELOW 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:



Please return your completed form to:

Family Support Hubs - Email: familysupporthubs@actionforchildren.org.uk Tel: 028 94467345

Or send completed application form to: Action for Children, Family Support Hubs, 4A Steeple Road, Antrim, BT41 1AF.