

WATERSIDE FAMILY CENTRE
REFERRAL FORM



Action for Children has an open access to records policy

Family Name:			
Address:			
Child's Name:			
Date Of Birth:		<input type="checkbox"/>	<input type="checkbox"/>
Contact Number:			
Current Address (if different from above):			

Family Composition, including significant others

NAME	DOB	RELATIONSHIP	ADDRESS	OCCUPATION/ SCHOOL

Agency Address:			
Contact Number:			
E-mail address:			
Date of Referral:			
Has referral been discussed with child/family?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Are the family in agreement with referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Is the Child on the Child Protection Register:
No

List categories:

If yes, please attach most recent Case Conference Minutes.

Are there any risks to staff which we should be made aware of?
Please list:

Legal Status/Proceedings – Please give details.

CHILD'S NAME	DATE/PLACE OF ORDER	ACT/SECTION	PENDING COURT DATES

Does either parent/carer or child have any additional requirements, e.g. dietary disability, medical, psychiatric condition, which may affect your attendance or require special attention in the Family Centre?

If yes, please give details.

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Reason for Referral

To the Referrer- How long have the family been known to you and what is your involvement with the family?
What work are you requesting of the Family Centre?

What outcomes would you like to see from the work?

SERVICES CURRENTLY SUPPORTING THE FAMILY		
Service	Contact Name & Telephone No	Agency Address &N Email
GP		
Social Worker		
Health Visitor		
School		

Please complete the following on the basis of what is known to you.

Health

Education

Housing & Home Conditions

**Emotional & Behavioural
Development**

Family & Social Relationships

Identity

Self-Care Skills

Social Presentation

Carers employment and training

CHILD OR YOUNG PERSON'S RELIGION, LANGUAGE, SPECIAL NEEDS & ETHNICITY					
1st Language:	English		Carer's 1st Language:		
2nd Language:					
Registered Disabled:			If Yes Please Give Detail: Global Development Delay		
Any Additional Needs:			If Yes Please Give Detail:		
Nationality:		Ethnic Origin:	White,	Religion:	Not known

PARENTAL CONSENT	
Has this referral been discussed and agreed with the parent/child/young person?	

PLEASE SIGN BELOW TO CONFIRM AGREEMENT WITH THIS REFERRAL		
Parent/Carer	Referrer	Line Manager
Name:	Name:	Name:
Signature:	Signature:	Signature:

Please return this form to:

**Waterside Family Centre
Building 83
Ledwidge Avenue
Ebrington
L'Derry
BT47 6GZ**

Telephone Number:

02871 329444

E-mail Address:

waterside.fc@actionforchildren.org.uk

For Family Centre Use Only

Action:

Outcome :

Date: