

Home-Start Dover District, The Ark, Noah's Ark Road,
 Tower Hamlets, DOVER, Kent. CT17 0DD. T/F: 01304 242314.
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 W: www.homestartdover.org.uk



REFERRAL FORM Date referral received (scheme use) _____

Please note that all referrals must be made with the consent of the family.
 Have you discussed this referral with the family. YES / NO

Name of family.....Family Number (scheme use).....

Address.....

.....Postcode

Tel. NoMobile NoE mail

	Name	DOB (S)	Main carer	Resident in household Y/N
Mother/partner				
Father/partner				
Other main carer[s]				

Referred by:

Date of referral:

Name: Role: Agency: Address: E mail _____ Postcode: Tel:	Family Doctor: Tel: Health Visitor: Tel: E mail _____ Other agencies involved:
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Lone parent	Adult disability Medical <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/>	Child Disability Medical <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/>	PND	Mental Health Depression <input type="checkbox"/> Anxiety <input type="checkbox"/>	Domestic Abuse	Substance Abuse	Teenage Pregnancy	Learning Disability
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Are there any Health & Safety issues we need to consider when placing a volunteer with this family.
 Please tell us how the parent(s) issues are impacting on the child(ren), and also any background
 information that you think we would find useful, (attach an extra sheet if needed)

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Family needs - So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the family, will be used to monitor how our support meets the family's needs.

Family needs	√	If you have ticked, please tell us what support the family needs and if you have been supporting the family what work have you completed.
1. Managing children's behaviour/routine/sleeping		
2. Being involved in the children's development/learning/milestones/language/communication		
3. Coping with physical health		
4. Coping with Mental health Well-being/Emotional/Depression/PND		
5. Coping with feeling isolated/friendships		
6. Parent's confidence/self-esteem/Stress Levels		
7. Coping with child's physical health		
8. Coping with baby's/child's mental wellbeing/emotional/Bonding attachment		
9. Managing the household budget		
10. The day-to-day running of the home		
11. Stress caused by conflict in the family		
12. Coping with extra work caused by multiple birth/children under 5		
13. Signposting to other services		
14. Other (specify) eg:groups ie Breast Feeding Peer Support Group		

Details of other members of the household with responsibilities for caring for the children

	Gender		Immigration status			Consider themselves to be disabled	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			
	Male	Female	Asylum seeker	Refugee	Pending		Y/N	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British	Irish
Main Carer																				
Partner living in household																				

Referrer's signature Date

I understand that Home-Start will retain essential information about my support which will be used by the scheme and Home-Start UK for monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the 2018 General Data Protection Regulation. I understand that I will be asked to give my give consent for information to be shared with appropriate agencies and I agree to sign Home-Start's Privacy Notice and Consent Statement.

Parent's signature Date

We will keep you informed of progress with this referral. We will remain in touch while supporting this family and will contact you when the support ends.



Please note: We cannot accept a referral where a child is under Child Protection or on the Supporting Parent's Programme. Signed consent MUST be gained before referral is accepted.