

Home-Start Dover District, The Ark, Noah's Ark Road, Tower Hamlets, DOVER, Kent. CT17 0DD

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Dover District

## REFERRAL FORM

Name of Referrer:  Role:  Agency:  Address:  Postcode:  Telephone:  E mail:	Date of Referral:	
	Support Required:	
	Home Visiting	YES / NO
	Family Group	YES / NO
	Date referral received (scheme use):	
	Family Number (scheme use):	

Name of Main Carer:		
Address:		Postcode:
Telephone No:	Mobile No:	Email:

Please note that all referrals must be made with the consent of the family.

Have you discussed this Referral with the family? YES / NO

Please advise if a Home-Visit / Risk Assessment has been completed prior to this referral? YES / NO

Are there any Safeguarding Risks or Health & Safety issues / Pets we need to consider when placing support with this family? YES / NO – If yes, please give details below.

## FAMILY DETAILS:

Details of all members of the household and anyone with responsibilities of caring for the children:

	First Name	Surname	Date of Birth	Male	Female	Early Help CIN (Disability) other (Please list)	Lone Parent	Mental Health (Depression / Anxiety / PND)	Medical Disability	Physical Disability	Communication / Language	Domestic Abuse / Violence	Teenage Pregnancy	Substance Abuse	Asylum seeker / Refugee	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Black Other	Chinese	Any mixed	White British	Irish	White Other
Mother / Partner																											
Father / Partner																											
Other main carer																											
Parent not living in home																											
Name of other person with parental responsibility																											

Please list all other Agencies currently or previously involved with the Family

ie. Social Services / Early Help / Portage

Health Visitor:

Telephone No:

Email:

Family GP Name:

GP Surgery:

Telephone No:



**Family Needs** - So that we can offer the family the most appropriate support, and match the most suitable volunteer, it is essential to provide information and complete the following table giving detailed information. Details below, together with information provided by the family, will be used to monitor how our support meets the family's needs.

**Family needs / Support Required**

Please describe in detail the issues the Family are facing:	Please give details of work that has been completed or is being carried out with the family for all family needs:	Please advise how you feel Home-Start can support this family and the further support the family require around all family needs:
<p><b>1. Children:</b> Mental Health / Physical Health/ Emotional Wellbeing/ Behaviour/Routine/Bonding/ Sleeping/Development/ Learning/Communication/ Milestones</p>		
<p><b>2. Parent:</b> Mental Health / Physical Health/Emotional Wellbeing/ Depression/PND/Isolation/ Friendships/Confidence/ Stress Levels</p>		
<p><b>3. Home:</b> Day to Day running of home / Conflict in the home / Household Budget/ Family Dynamics</p>		
<p><b>4. Other:</b> Please Specify:</p>		

Please note: This Referral Form must be completed in full, incomplete referrals will not be accepted and will be returned.

We cannot accept a referral where a child is under a Child in Need (unless under the children's disability team) or Child Protection Plan. Signed consent MUST be gained before referral is accepted.

I confirm that all information in this referral is up to date and factual at the date of referral.

Referrer's signature ..... Date .....

We will keep you informed of progress with this referral.

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 .....



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