|  |  |  |  |
| --- | --- | --- | --- |
| **For office use only: Log no -** | | **NW / NE** | |
| Date request received: | Allocated to: | | FAM no: |
| Action: | | | |
| CEO: | | Date: | |

 **Outreach support introduction form**

**Please tick to indicate which service is required and return the form to us at** [**debbies@therisetrust.org**](mailto:debbies@therisetrust.org)

**Please ensure that this is password protected. The password should be emailed separately.**

**For courses, please complete our Course Interest Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1:1 outreach |  | Financial support |  | Employment support |  | Other (please specify) |  |

**1) Referrer Details (please tick)**

Type of referral: Self Professional

|  |  |
| --- | --- |
| Name: | Job Role (if professional referring): |
| Contact Address: | Email address: |
| Contact landline: | Contact mobile: |

**2) Primary parent/carer**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |
| Contact telephone |  | DOB |  |
| Family address |  | | |
| Email address |  | | |

If English is not the primary language, will additional support be required to enable the carer/child to access services?

Yes No

**3) Children** (please supply details of all children who are part of this referral)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **DOB** | **Gender** | **Setting/school** | **J number or registered ESA** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4) Other family details** (please supply details of second parent/carer, family, friends and other children who have a significant relationship with the referred children)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **Relationship** | **Parental responsibility Y/N** | **Contact details (telephone and email)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5) Existing multi-agency involvement**

ESA in place? YES NO

|  |  |  |
| --- | --- | --- |
| **Other agencies involved with the family**  (please include setting, health visitor, ESA Lead etc where appropriate) | | |
| **Name of professional agency** | **Name of professional** | **Contact details (telephone and email)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**6) Referral reason/details** (must be completed in all cases)

|  |
| --- |
|  |

**7) Additional details**

7a) To help us allocate the most appropriate member of staff, pleases can you indicate any other area(s) where support may be required

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Disability, health or any special needs (adult or child) |  |  |
| Training or employment |  |  |
| Housing/temporary accommodation |  |  |
| Young person |  |  |
| Parenting |  |  |
| Community (armed forces, rural isolation, traveller) |  |  |
| Relationships |  |  |
| Benefits and/or financial difficulties |  |  |
| Parental imprisonment |  |  |

7b) Are there any particular health and safety issues or potential risks which staff should be aware of?

Yes\* No

|  |
| --- |
| \* If yes, please describe |

**We must have signed client consent before referral can be actioned.**

Has the family agreed to this request and are aware that this information will be kept confidential in accordance with the Data Protection Act 2018?

Yes No

You may withdraw this consent at any time in writing.

|  |  |
| --- | --- |
| Signature of parent: |  |
| Date: |  |

|  |  |
| --- | --- |
| Signature of referrer: |  |
| Date: |  |

The Children’s Centre will keep your information securely in accordance with the Data Protection Act 2018 and General Data Protection Regulations (GDPR) 2018. You may, of course, view this information. To do so, please ask the centre lead.

The children’s centre will not normally share your information with other agencies without your consent. However, if we have serious concerns that a child/children or a parent is at risk of serious harm we may have a duty to share your information with other agencies without your consent as part of our duty of care.

For our most up-to-date Privacy Notices please go to [www.therisetrust.org](http://www.therisetrust.org)