

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

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)	
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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/carerer

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, please can you indicate any other area(s) where support may be required

	Yes	No
Disability, health or any special needs (adult or child)	<input type="checkbox"/>	<input type="checkbox"/>
Training or employment	<input type="checkbox"/>	<input type="checkbox"/>
Housing/temporary accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Young person	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>
Community (armed forces, rural isolation, traveller)	<input type="checkbox"/>	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	<input type="checkbox"/>
Benefits and/or financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Parental imprisonment	<input type="checkbox"/>	<input type="checkbox"/>

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