

For discussion about a referral please contact

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REFERRAL FORM – Private & Confidential

To be completed only with the client’s consent

Parent/Carer’s Name	
Parent/Carer’s Address with Postcode	
Telephone number(s)	Mobile: Landline: [Ex Directory - Yes/No] Email:
Age/Date of Birth of parent/carer	
Personal Status	Married / Partner / Lone parent / Separated / Divorced / Bereaved
REFERRER Please include: Name & Address / Tel. number/ <i>E-Mail address</i>	
Date of Referral	
Please state if you know of any reason why a worker should not visit alone	
Financial Situation	Employment: Part-time / Full-time Benefits:

Reason for Referral – please be as specific as you can and include as much detail as possible. Attach additional information as required.			
Child(ren)'s names & D.O.B./ E.D.D.	Names	D.O.B	Gender
Schools/Nurseries			
Details of absent parent[s], or other significant people			
Details of any other support - i.e. GP/Health Visitors/Social Workers/CPNs/Church/Youth Workers/CAHMS			

<p>Other relevant Information –</p> <p>i.e. Early Help Plan, Child in Need, subject to a Child Protection Plan, domestic violence, alcohol and substance misuse, health issues</p>	
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FSW offer a wide range of advice and support services to children and families across the Chichester Diocese. We will collect your contact details and preferences, and any other data that is relevant to delivering the service to you. This information will be held securely on our database and will only be used for the purposes of the service and the sharing of information outside of FSW will only take place in conjunction with the express consent of the family. Information may be shared with other professionals working with children and families when this is in the best interests of the child's welfare. We will keep the data for up to six years, in line with current legislation.

I give my consent to the above referral and to the sharing of information with the relevant professionals working together with my family:

Signed by client..... Date.....*Time.....

***If consent is given verbally to referrer please state date and time of consent**

Please give Ethnicity of main Parent/Carer (Please put X or highlight)

Using the 2011 census: 18 standardised ethnic categories

White

- 1. English / Welsh / Scottish / Northern Irish / British
- 2. Irish
- 3. Gypsy or Irish Traveller
- 4. Any other White background, please describe.....

Mixed / Multiple ethnic groups

- 5. White and Black Caribbean
- 6. White and Black African
- 7. White and Asian
- 8. Any other Mixed / Multiple ethnic background, please describe

Asian / Asian British

- 9. Indian
- 10. Pakistani
- 11. Bangladeshi
- 12. Chinese
- 13. Any other Asian background, please describe

Black / African / Caribbean / Black British

- 14. African
- 15. Caribbean
- 16. Any other Black / African / Caribbean background, please describe

Other ethnic group

- 17. Arab
- 18. Any other ethnic group, please describe

If children have a different ethnicity to parent please state here:

- Child 1.....
- Child 2.....
- Child 3.....
- Child 4.....
- Child 5.....

Parents first language.....

Child/Children's first language.....