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|  | **Referral Record**  |
| **1.** | **Referring Agency/Organisation** |
|  | **Name** |  |
|  | **Organisation & Address** |  |
|  | **Position** |  |
|  | **Email** |  |
|  | **Telephone** |  |
|  | **Mobile** |  |
|  | **Date** |  |
| **2.**  | **Family** |
|  | **Names and dates of birth of all family members** |  |
|  | **Address** |  |
|  | **Telephone** |  |
|  | **Email**  |  |
|  | **Please note**  | By providing an email you are consenting to contact from Family First including a quarterly newsletter.  |
|  | **Reason for referral** | Please identify which of the following areas you are looking for support with: Parental mental health Children’s mental health Parental physical health Children’s physical health Children’s behaviour Issues around educationFamily relationship issues or breakdown Isolation Financial worries Other – please specify |
|  | **History/background information****\*Please specify any current or historical concerns about domestic abuse**  |  |
|  | **Other agencies already working with family**Please give name of staff/worker etc. | ***Please note we will not usually work with families where children are subject to Child In Need (CIN) or Child Protection (CP).*** |
| **5.** | **Risk Assessment**  |
|  | **In your professional opinion are there any issues / concerns we should know about concerning the household which may impact on the health & safety of our lone working staff and volunteers?** Eg specific household members, pets, visitors to the household, known Police concern etc. (Please note that if this is left blank we will not be able to work with the family.)  |
|  |  |
| **6.** | **Data Protection** |
|  | **Has the family consented to this referral? YES/NO (please delete as appropriate)**We are committed to protecting any personal information we hold about individuals.  We will follow the principles outlined in the Data Protection Act 1998 for processing that information in accordance with our Data Protection Policy. |
|  | **Please return this completed form via secure email to: Sarah Stapleton Service Lead** **admin@familyfirst-uk.org****Family First** **The Hope Centre** **10 St Margarets Street** **Ipswich** **IP4 2AT****By post:** In a sealed envelope with “*Private and Confidential: To be opened by recipient only*” |