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## REFERRAL FORM

**Strengthening**

**Families**

## **Professional’s DETAILS**

|  |
| --- |
| Name: |
| Job title: |
| Address (including post code): |
| Phone:   | Email:  |
| Date of completion of form: |

## **Please confirm parent/carer is aware of and agrees to this requesT**

|  |  |
| --- | --- |
| Consent given by: | Date consent given: |
| Signature: |

## **ATTENDING PARENT/CARER’s DETAILS**

|  |
| --- |
| Name/s: |
| Address including post code: |
| Phone: | Email: |

## **Additional information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Is English their first language?  |  |  |  |  |
| If not, please specify language and whether an interpreter is needed: |
| Do they have a disability/additional learning needs?  |  |  |
| If yes, please specify and let us know how we can support them on the course: |
| Have they attended any other parenting courses?  |  |  |
| If yes, please tell us which ones: |

## **REASON FOR the referral**

|  |
| --- |
|  |
| **PLEASE TELL US IF THE CHILD HAS ANY SPECIAL/ADDITIONAL NEEDS** |
|  |

## **child details**

|  |  |
| --- | --- |
|  | Full Name: |
|  | Age: |
|  | Gender:Which school do they attend?Who do they live with? |
|  | Child in Need or Child Protection Plan: |
| **Do they receive support from any other agencies?**  |
|  | If yes, please specify: |
|  |  |
| **Do they Have any concerns about participating in aN group/ONLINE group?**  |
|  | If yes, please specify: |
|  |  |
| **PLEASE READ AND AGREE**  |
| This information will be kept according to data protection laws; further details are available on request.  |
| Please tick to confirm you agree to this. |  |  |
| **Please send this form to Southampton Family Trust****By email**: info@sftrust.org.uk |  www.sftrust.org.uk |