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| **Referral Form 2017 – Confidential****To be completed by referrer: please complete all sections of the form** |
| **Referrer:****(Agency)** | **School/School family worker €** | **Children’s Centre €** | **Thriving Families €** |
| **Health (specify) €** | **Probation €** |
| **Children’s Services/social worker €** | **Other (specify) €** |
| **Referrers contact details** | **Name:****Tel No:** | **E-mail:** |
| **Self-Referral:** | ***Please tell us how you heard about the course*** |
|  | **Male (M) or****Female****(F)** | **First name** | **Family Name** | **DOB** | **Ethnicity**Please use a number from the list below |
| **Parent/Carer 1** |  |  |  |  |  |
| **Parent/Carer 2** |  |  |  |  |  |
| **Child 1** |  |  |  |  |  |
| **Child 2** |  |  |  |  |  |
| **Child 3** |  |  |  |  |  |
| Due date of UBB (unborn baby)  |  |
| **Address of parent/carer** |  |
| **Postcode** |  | **Tel number** |  |
| Safe to call? Yes NoSafe to leave a message? Yes No |
| **Ethnicity details:** |
| **White** | White British 1 | White Irish 2 | Traveller of Irish Heritage 3 |
| Gypsy/Roma 4 | Any other White background5 |
| **Black or Black British** | Caribbean 6 | African 7 | Any other BlackBackground 8 |
| **Asian or Asian British** | Indian 9 | Pakistani 10 | Bangladeshi 11 |
| Any other Asian background 12: |
| **Mixed/Dual Background** | White & Black 13Caribbean | White & BlackAfrican 14 | White & Asian15 |
| Any other Mixed background 16  |
| **Chinese**  | Chinese 17 | **Other** | Any other ethnic group 18  |
| **Course Information:**  |
| **Course attending** | **Right from the Start: Ante Natal Programme** | **Dates:** |
| **Venue:** |
|  | **To enable us to provide a safe and appropriate service to best meet the individual needs of our service users, please provide the information below** |
|  | Is an interpreter needed?Yes € No € Not known €Please provide details |
|  | Are there any specific learning needs e.g. learning difficulties, dyslexia?Yes € No € Not known €*Please provide details* |
|  | Are there any mental or physical health issues or registered disability?Yes € No € Not known €*Please provide details* |
|  | Are there any risk factors that may affect the parent/carer, other group members or facilitators?Yes € No € Not known €Please provide details |
|  | Please let us know if there have been other services involved in the last 12 months? E.g. social worker, health (health visitor, GP, CPN), Children’s Centre, School family worker or other agency (Home-start etc)Please provide details |
| **Individual needs** | Do you have any other needs e.g. learning, health, accessibility, allergies that we need to know about?Yes € No € Not known €Please provide details |
| **Purpose of attending** | Hopes and wishes of parent/carer: |
| **Other information** | Is there anything else you would like us to know about before you attend the course? |
| **Course code** (to be completed by provider) |  |

\***Please complete the attached consent form with parent / carer**

**Dear Parent/Carer:**

Hertfordshire County Council may contact you to seek your views and feedback on the course that you have attended using a short survey via email. The purpose of this feedback is to ensure that they are providing the right support to families and your assistance is greatly appreciated.

**We respect your choice – please tick one**:

* I don’t mind being contacted
* I do not want to be contacted

**Please provide your e-mail address:**

E-Mail:

**Please send the completed registration form to**

vicky@familiesfeelingsafe.co.uk **or** mary@familliesfeelingsafe.co.uk

**Please ensure all referrals are sent securely**

**Thank you**