Action on Substances through Community Education & Related Training

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Charity No: XR31196

"Empowering people to make a positive difference where alcohol and drug related issues damage lives"

Strengthening Families

Family Nomination Form

Date:	**Run: (Please Circle)**
Programme Location:	**001 002 003 004 005 006 007**

Referral Agent: SFP Training completed? **YES/NO(Delete as appropriate)**

Name of Referral Agent:_____

Title:_____

Work Address:

_____

_____

Work Landline: _____ **Work Mobile:** _____

Email:

_____

Family Referred: (One referral form per family – please outline all the family members, even if they are not participating in the programme as it helps us to understand the family better)

Families Address (include contact number):

Address	Telephone Number

Surname	Forename(s)	Gender	D.O.B	SFP Participant?

Are there other people living in the home? E.g. Grandparent YES/NO (Delete as appropriate)

If Yes please give details;

Will the family require assistance with the following to attend the programme?

Transport: ☐Yes ☐No (Please talk to Site Co-ordinator for more details)

Childcare: ☐Yes ☐No (if Yes, crèche facilities may be provided for children aged 11 and under but not less than one year. Please talk to Site Co-ordinator for more details).

What are the family's strengths?

What is the main presenting issue with the primary child/teen leading to this referral?
(A Primary Teen is the one Teen in this family that you have selected to be the primary focus of the intervention).

Please tick the following categories that are applicable to the Primary Teen:

☐ Withdrawn / isolated ☐ Sleeping difficulties ☐ Suicidal feelings ☐ Tearful ☐ Violence ☐ Dyspraxia ☐ Development delay ☐ Hyperactive ☐ Temper tantrums ☐ Substance abuse ☐ Poor social skills ☐ Community influences ☐ Autism Diagnosis	☐ Low self esteem ☐ Depressed ☐ Self harming ☐ Difficulties making friends ☐ ADHD ☐ Other ☐ Physical disability ☐ concentration/attention difficulties ☐ Aggressive behaviour ☐ Stealing ☐ Anti-social behaviour ☐ Bullying	☐ Eating difficulties ☐ Anxious/nervous ☐ Literacy difficulties ☐ Dyslexia ☐ Learning difficulties ☐ Speech and Language difficulties ☐ Anger management ☐ School refusal ☐ Motor delay ☐ Involved in criminal justice system ☐ Difficulties expressing empathy
School: ☐ Poor attendance ☐ Poor performance	☐ General behaviour at risk ☐ At risk of suspension/expulsion	☐ Disruptive in class

Additional comment(s) re: above needs:

Parents/Caregivers: Please tick the following where appropriate

Parents/Caregivers	**Family**
☐ Alcohol / Substance misuse ☐ Parenting alone ☐ Mental health problems ☐ Separation and loss ☐ Health problems ☐ Intellectual / physical difficulties ☐ Parenting difficulties ☐ Stress ☐ Social isolation ☐ Literacy and numeracy difficulties ☐ Parent requires on-going parenting advice ☐ Inconsistent parents difficulties setting boundaries ☐ Other, please specify: (Please provide additional comments)	☐ Financial difficulties ☐ domestic violence ☐ Poor housing ☐ Social isolation ☐ Difficulty with extended family ☐ Lack of support ☐ Unemployment ☐ Child in foster care ☐ Child in residential care ☐ Relationship with parents / concerns about parental control ☐ Poor parent / child communication ☐ Parent / sibling offending ☐ Conflict within the family ☐ Family expiring harassment / victim of crime ☐ Other, please specify: (Please provide additional comments)

Has the family currently or historically been involved with any other agencies: (please state the agency, e.g. probation, child protection, counselling, education welfare officer).

What do you hope the family will gain from the Strengthening Families Programme?

Consent: Has this referral been discussed with the family? ☐ Yes ☐ No

If yes what is the families' attitude to the referral and/or motivation to attend?

If no consent has been gained from the family, please explain why and when you intend to discuss with the family

Any other relevant information you feel is applicable to their participation in the programme? (Disability, Allergies, Fears etc)

As the referral agent of this family I will offer to stay in contact with the referred family to cover any material with them, to check their understanding of the programme and try to address any difficulties that are arising within the programme.

Signed: _____ **Date:** _____

Request for attendance at a SFProgramme and Agreement to Storing and sharing of information

I request that an application to the SFP be submitted with the support of the above Referral agent.

I agree that the information contained in this form may be stored for the purposes of securing my families place on this programme. I am the parent/carer of the children named on this form.

I agree that this information may be shared with the SFP Coordinator.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please return to:

Mr Jamie Rea

Strengthening Families Co-ordinator

ASCERT

23 Bridge Street

Lisburn

BT28 1XZ

Work No: 02892604422 Email: jamie@ascert.biz

OFFICE USE ONLY

Date Referral received: **Selected for SFP: YES / NO**

SFP Code:

Comments: