

# The Fermanagh Early Intervention Family Support Hub



## REFERRAL FORM

Child or Young Person's Details	
Name :	
Address:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
School Child attend:	
Parent/Carer Name:	
Contact Number:	

Family Composition, including Significant others				
Name	DOB	Address	Relationship	Occupation/School

About the person Completing the Referral Form	
Name:	
Agency:	Telephone No:
Address:	
E-mail:	

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Other Agencies or Services currently supporting the family				
Organisation/Role	Contact Name	Address	Telephone	Aware of Referral

Reason for referral

Identified Needs/Services Required



Additional Information – please assist us to best meet the needs of this family by providing details on the following, if known	
Health	
Education	
Emotional & Behavioural Development	
Family & Social Relationships	
Identity	
Self-Care	
Social Presentation	

Additional Information cont.
<p>Does the parent/carer or child/young person have any special needs, e.g. disability, dietary, medical, psychiatric condition, which we should be aware of? Yes/No</p> <p>If yes, please give details</p>
<p>Does either parent/carer or significant adult have any convictions for a Schedule 1 Offence? Yes/No</p> <p>If yes please give name and details</p>

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## Social Services Involvement (please circle yes or no)

Are the family currently or have they been previously known to Social services?

Yes/No

If yes please give brief description of services provided to the family

Is the child/young person on the Child Protection Register

Yes/No

Has the child/young person's name previously been on the Child Protection Register

Yes/No

## The following information may help the family gain access to services and will help us to sign post the family to the relevant services

Is there anyone in your household Not in Education Training or Employment and aged between 16-24 years of age. Yes/No

If yes please give name and details:

Has anyone in the family ever been affected by alcohol/drug abuse, hidden harm, domestic violence, anxiety/depression. Yes / No

If yes please give brief description:

## Parental Consent (please circle yes or no)

Has this referral been discussed and agreed with the parent/child/young person?

Yes/No

Is the parent/child/young person aware that the referral will be discussed with all relevant hub partners

Yes/No

Does the parent/child/young person consent to onward referrals to other agencies if recommended by the hub

Yes/No

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**Please sign below to confirm that you agree and consent with Action for Children keeping a record of your referral and information relating to your referral and consent to your referral being shared with other organisations who are in a position to provide support to your family**

**Parent/Carer**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referrer**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Return form to:**

**Seána Connor**

**Action for Children**

**Fermanagh Early Intervention Family Support Hub**

**14 Darling Street**

**Enniskillen**

**Co Fermanagh**

**BT74 7EW**

**Tel: 02866 324181**

**Email: [seana.connor@actionforchildren.org.uk](mailto:seana.connor@actionforchildren.org.uk)**

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## Monitoring Information

(This information will be treated confidentially and is required for Action for Children statistical recording purposes only)

### Child's Ethnicity / Background

Source  Self-Assessment  Other (specify) \_\_\_\_\_

#### Black or Black British

- Caribbean
- African
- Any other Black Background

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

#### White

- White British
- White Irish
- Any other White Background

#### Mixed

- White & Black Caribbean
- White & Black African
- White & Asian

#### Other Ethnic Groups

- Chinese
- Travelling Community

#### Not given

- Not given

### Please state religious background

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Protestant                    | <input type="checkbox"/> Catholic | <input type="checkbox"/> Atheist             |
| <input type="checkbox"/> Buddhist                      | <input type="checkbox"/> Hindu    | <input type="checkbox"/> Jewish              |
| <input type="checkbox"/> Muslim                        | <input type="checkbox"/> Sikh     | <input type="checkbox"/> Religion not stated |
| <input type="checkbox"/> Any Other, please state _____ |                                   |  |

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## **Who we are:**

Action for Children is a leading children's charity providing local services for children, young people and families. We want families to be happy with the information you give us and understand how it is used. Action for Children are the data controller(s) for the information you give us.

## **What information we collect:**

When you refer a family to the services of Action for Children, Action for Children may collect the following information about them:

- Personal details such as child's name, date of birth, address and referral information, extended family information, networks and key agencies involved.
- A running record of our contact with you and/or your child.
- Letters, including e-mail, text or other types of electronic communication.
- Health information physical or mental
- Information about your: health details, racial or ethnic origin, religious or similar beliefs, and /or criminal record.

## **Using personal information:**

Action for Children will only use this information with parents' agreement, for the following reasons:

- To support families and monitor progress,
- To check the quality of the service we provided,
- To meet our legal obligations,
- For monitoring/ reporting purposes.
- To report safeguarding concerns.

## **Who we might share your information with:**

We will share some of the above information about you with the following organisations including other professionals involved.