



**FAMILY SUPPORT HUB REFERRAL FORM**

**ALL INFORMATION MUST BE COMPLETED IN FULL TO ENSURE FAMILIES ARE SIGNPOSTED TO THE APPROPRIATE SERVICE**

**ANY FORMS RECEIVED WITH MISSING INFORMATION WILL BE RETURNED TO REFERRER FOR COMPLETION**

<b><u>Referrer Details</u></b>					
REFERRER NAME			DATE OF REFERRAL		
REFERRAL AGENCY			ADDRESS		
DESIGNATION					
TEL			EMAIL		
Hub Locality (Tick)	Armagh & Dungannon	<input type="checkbox"/>	Craigavon & Banbridge	<input type="checkbox"/>	Newry & Mourne <input checked="" type="checkbox"/>
<b><u>Family Details</u></b>					
	Mother			Father	
Name					
Address					
Postcode					
Tel No					
Parent's Date of Birth					
Disability Yes/No Please state type					
Ethnicity					
Name of Child/ren requiring service	M/F	DOB	Disability Y/N ? If yes ,state type	School	
Ethnicity			Language Needs (interpreter required)		
GP Details					

**Details of Family Background – including other siblings, significant family members.**

**State main presenting reason for referral to Family Support Hub**

**Other organisations known to be involved with the family and support services received and/or declined to date by family**

**Outline *specific* type of support being sought**

**CONSENT**

**(Please note the referral cannot be considered unless explicit consent has been given)**

I consent to this information being shared at a meeting of core hub members with the purpose of agreeing suitable supports for me/ my family. The Family Support Hub referral process has been explained to me and an information leaflet provided. I understand that my consent is voluntary and if at any stage of the process I wish to withdraw my consent I can do so, by contacting the hub coordinator in my area, details below.

**Data Protection consent**

The information you provide on this form will be held electronically for up to 3 years. We will take all steps necessary to ensure that this is securely held/archived/destroyed . You have the right to request a copy of the information that Bolster Community holds on you. To do so, either you or an authorised third party must request this in writing to:

Data Protection Officer, Bolster Community, Unit 1, Killeavy Road, Newry, BT35 6EP

You may also wish to view the Southern Trust Family Support Hub DVD via the following link:

<https://vimeo.com/216493917>

Parent		Date:
Parent		Date:
Young person (if over 16 yrs.)		Date:

*This form can be returned by post or email to the Family Support Hub in your locality.*

**NOTE for referrers:**

**Where there is no signed parental consent you are required to sign to confirm that you have informed the family of the hub process and that the parent is consenting to the sharing of the information included on this form**

Referrer Name		Date
---------------	--	------

**ARMAGH/ DUNGANNON HUB**

Pat McGeough  
Young People's Partnership  
Barnardos  
39a Abbey Street, Armagh,  
BT61 7DY

Tel: 02837522380



**Email:**

familysupporthub@barnardos.org.uk

**PORTADOWN/ CRAIGAVON/  
BANBRIDGE HUB**

Lisa Grant/Ronan Garvey  
Early Intervention Services  
(NIACRO)  
26 Carleton Street, Portadown  
Co Armagh, BT62 3EP  
Tel: 02838331168



**Email:**

familysupporthub@niacro.co.uk

**NEWRY & MOURNE HUB**

Allison Slater  
Bolster Community  
Unit 1, Killeavy Road,  
Newry, BT35 6EP

Tel: 02830835764



**Email:**

familysupporthub@bolstercommunity.org