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**Action for Children Pan-Dorset Parenting Service** **Referral Form**

**Telephone:** 01202 525643 **Email:** [dorsetparentingproject@actionforchildren.org.uk](mailto:dorsetparentingproject@actionforchildren.org.uk)

**PLEASE CHECK PROGRAMME ELIGIBILITY CRITERIA ON OUR** [**WEBSITE**](https://services.actionforchildren.org.uk/dorset-services/referrals/parenting-support/)

**Date:**

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| **CHILD/YOUNG PERSON’S DETAILS** | | |
| Name of Child/Young Person: | Date of Birth: | Age: |
| Child’s GP Name: | Gender: | |
| GP Address:  Postcode: | Ethnic Origin: (Please specify) | |
| Does the child/young person have a disability?  Yes  No Please specify: | | |
| Does the child/young person have an Education, Health and Care Plan (EHCP)?  Yes  No | | |
| Level of Need: Early Help Assessment  Looked After  Child in Need  Child Protection  None of these  If family have a Social Worker or Lead Professional please give name of worker: | | |

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| **DETAILS OF PARENT/CARER(S) REFERRED TO PROGRAMME** | |
| Name of Parent/Carer 1: | Name of Parent/Carer 2: |
| Relationship to child: | Relationship to child: |
| Gender: | Gender: |
| Address:  Postcode: | Address:  Postcode: |
| Home Telephone:  Parent/Carer(s) Mobile:  Email (please complete as this is our main method of contacting parents): | Home Telephone:  Parent/Carer(s) Mobile:  Email (please complete as this is our main method of contacting parents): |

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| Are there any health and safety/risk issues that a lone worker should be aware of if visiting the above addresses? Yes  No Not aware  **If Yes please give details:** |

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| **REFERRER’S DETAILS** | | |
| Contact Name | Agency | Contact Number |
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| Address:  Postcode:  Email:  Please note copies of end of course closure letters will be sent to the specified email address. | | |

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| **CHECKLIST BEFORE PROCEEDING WITH NEXT PART OF REFERRAL** |
| Has this referral been discussed with the family? Yes |
| Does the parent/carer give their consent for you to send this information to us? Yes |
| Are the family aware of the required commitment to the programme? Yes |
| Early Help Assessment, Child in Need or Child Protection Plan attached (only with consent from the parent/carer)?  Yes  NA  No Consent to Share |
| Are all fields above completed fully? Yes  **We WILL return any referral form which is incomplete** |

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| **FAMILY INFORMATION** | | | | | | |
|  | First Name | Surname | Relationship to child | Gender | DoB (for Other Children) | Address (If different from above) |
| Non-referred Parent/Carers |  |  |  |  |  |  |
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| Other  Children/  Household members |  |  |  |  |  |  |
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| **REASON FOR REFERRAL** |
| So that we can process this referral quickly, please detail the specific behaviours that are giving cause for concern (See [Guidelines for Referrers](https://services.actionforchildren.org.uk/media/1570590/guidelines-for-referrers-to-action-for-children-pan-dorset-parenting-service.docx)): |
| If the referral is for a 1-2-1 intervention, please detail why a group programme would not be appropriate: |

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| Do the Parent/Carer(s) have any learning/communication difficulties (including English as an additional language)? Yes  No  **Please give details**: |
| Is there a current or previous history of drug/alcohol abuse? Current  Historical No Not aware  **If current, please give details**: |
| Is there a current or previous history of domestic abuse? Current  Historical No Not aware  **If current, please give details:** |
| Is there a current or previous history of mental health problems? Current  Historical No Not aware  **If current, please give details:** |
| Please give details of any other factors that may be having an impact on the family: |

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| Name of school / pre-school attended: |
| Does the school have any concerns regarding the referred child’s behaviour Yes  No  **If Yes, please give details**: |

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| **OTHER KEY AGENCIES CURRENTLY INVOLVED** | | |
| Contact Name: | Agency: | Contact Number/Email: |
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| **CONSENT – MUST BE COMPLETED** |
| The referred parent/carer(s) has given consent for this information to be shared with Action for Children and understand their personal data will be held and retained in line with Action for Children’s retention schedule (6 yrs).  Name of parent/carer giving consent       Date consent was given:  Name of parent/carer giving consent       Date consent was given:  Circumstances under which consent given (i.e. during appointment / home visit / telephone call): |

**Please return completed forms by email to:** [dorsetparentingproject@actionforchildren.org.uk](mailto:dorsetparentingproject@actionforchildren.org.uk)