



## REACH Partnership Referral Form

### Personal Details of the Family:

|              |  |       |              |  |       |
|--------------|--|-------|--------------|--|-------|
| Parents Name |  | D.O.B | Parents Name |  | D.O.B |
|--------------|--|-------|--------------|--|-------|

| Child's Name | Male / Female | D.O.B. | School | Attendance at Referral |
|--------------|---------------|--------|--------|------------------------|
|              |               |        |        |                        |
|              |               |        |        |                        |
|              |               |        |        |                        |
|              |               |        |        |                        |
|              |               |        |        |                        |

|           |  |
|-----------|--|
| Address   |  |
| Telephone |  |

### Reasons for referral and description of support needs:

|  |  |
|--|--|
| What support needs does the family have?               |  |
| What existing support is in place and who provides it? |  |
| Any Additional Needs                                   |  |



|   |  |
|---|--|
| Does the family present any risks to self or others |  |
|---|--|

|   |     |    |
|---|-----|----|
| Has/is there a Child Protection Plan in place?                      | Yes | No |
| Has a CAF been completed?   | Yes | No |
| Do any of the children have a Statement of Special Education Needs? | Yes | No |
| Are the children a Child in Need?                                   | Yes | No |
| Do any of the children have a Pastoral Support Plan?                | Yes | No |
| Has a Stronger Families Assessment been completed                   | Yes | No |

|  |  |  |  |                     |
|--|--|--|--|---------------------|
| How can the REACH Family Intervention Worker help? |  |  |  |                     |
| Parent Support                                     |  | Emotional Support for Child / Children |  | Family Focused Work |

**Details of person making the referral:**

|                            |  |
|----------------------------|--|
| Referrer Name and Position |  |
| School / Organisation      |  |
| Contact Address            |  |
| Telephone                  |  |
| E-mail                     |  |

|                       |  |      |  |
|-----------------------|--|------|--|
| Signature of Referrer |  | Date |  |
|-----------------------|--|------|--|



**Parent or Guardian Consent and Information Sharing:**

|  |     |    |
|--|-----|----|
| I consent to my child / children receiving support from the REACH partnership  | Yes | No |
| I agree that information can be shared between professionals involved in my family's support. This is with the aim of providing the best possible care for my child.   | Yes | No |
| I realise that the service is confidential. However, I understand that if I or my children disclose something that suggests that they or I am at risk of harm or danger to themselves or someone else, the information will be shared with the appropriate people. | Yes | No |
| I understand that the Children and Young People's Service will store either electronic or paper based information about my family securely. They will only share information with my approval and they will ask me to complete a consent form before they do this. | Yes | No |

|                                 |  |      |  |
|---------------------------------|--|------|--|
| Signature of Parent or Guardian |  | Date |  |
| Signature of Parent or Guardian |  | Date |  |