

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM

Please note that all referrals must be made with the consent of the family.  
**Information on this form will be shared with the family.**

Family No. <i>(office use only)</i>
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Parent 1 Name:
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Main Carer?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent 1 Ethnicity:	Parent 1 Gender:
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Parent 2 Name:
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Main Carer?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent 2 Ethnicity:	Parent 2 Gender:
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Full address including postcode:
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Contact telephone no.:
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Is an interpreter required for this family?
Yes <input type="checkbox"/> No <input type="checkbox"/>

**Referred by:**

Name:	Address including postcode:
Role:	
Agency:	Tel No:
Email address:	
Other agencies involved:	

Please tick which **one** of the four projects below you wish to refer to, choosing the most appropriate for this family.

- 1. **Time to Talk:** One to one and group support for parents/carers and family members of children with additional needs.
  - 2. **Diamond Family Support:** Intense support for families with multiple and complex needs.
  - 3. **Nurturing Families Programme:** Support for parents of young children to build confidence, improve communication skills and improve attachment with primary caregiver.
  - 4. **Parents Together:** Support for families to reduce social isolation and loneliness.
- Family Links Nurturing Parenting Programme:**  
If you feel the family would benefit from one to one family links programme please tick here.

**Details of all children under 18:**

Children's Details	Gender		Date of Birth	Considered disabled by main carer?	Asian or Asian British				Black or Black British			Chinese or other ethnic		Mixed	White			Subject to assessment of needs e.g. Early Help <i>(See extra info reqrd below)</i>	Child in Need	Child Care / Protection Plan
	Male	Female			Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White			
1.																				
2.																				
3.																				
4.																				

For families with more than four children, please attach additional sheet

Next Early Help Meeting. Please supply date, time, venue, name of lead professional and telephone no.

**Please tick all that apply:**

Lone parent	Substance abuse	Domestic abuse	Emotional wellbeing / mental health issues
Learning difficulties	Financial difficulties	Communication	Teenage pregnancy 21 years or younger

Background information (please include any risk information that you think we should know):

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(optional)*

**Checklist for Referrer:**

- 1. Family have consented to referral
- 2. If an Early Help, Child in Need or Child Protection Plan is in place – Signs of Safety Action Plan is attached
- 3. Risk assessment is attached

We try to respond to all referrers within 4 weeks after receiving the referral to report progress.  
 If you have any issues or concerns about the referral process or the support for the family, please contact us.

**Return to: CAFS, Bridge Centre, Birches Head Road, SOT, ST2 8DD. Tel: 01782 863762; Email: info@cafstaffordshire.org.uk**