

Family Matters Parent Referral Form

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| **Parent / Carer Details**: Name | Ms |  | Mrs |  | Dr |  | Other specify |  | Gender | Male |  |
| Miss |  | Mr |  | Prof |  | Female |  |
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| Address | |  | | | | | | | |
|  | | | | | Postcode |  | |
| Contact Number/s | | 1 |  | | 2 |  | | | |
| Email Address | |  | | | | | Date of Birth | |  |
| Relationship to child | |  | | | | |
| **Child 1 details:** | Name | | |  | | | | | |
| Date of Birth | | |  | | | | | |
| Diagnosis/ issue | | |  | | | | | |
| School/institution | | |  | | | | | |

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| Address (if different to parent) |  | | |
|  | Postcode |  |

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| **Child 2 details:** | Name |  |
| Date of Birth |  |
| Diagnosis/ issue (if applicable) |  |
| School/institution |  |

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| Address (if different to parent) |  | | |
|  | Postcode |  |

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| **Child 3 details:** | Name |  |
| Date of Birth |  |
| Diagnosis/ issue (if applicable) |  |
| School/institution |  |

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| Address (if different to parent) |  | | |
|  | Postcode |  |

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| Parent Communication Needs |  |
| Preferred Method of Communication |  |

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| Referrer details | Name |  |
| Telephone Number |  |
| Email |  |
| Job Title & Organisation |  |

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| Access Requirements e.g. mobility issues, home visit required |  |
| Accommodation Issues e.g. has pets, lives on 3rd floor of flats |  |

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| Does the parent/carer have a disability? | No |  | Acquired Brain Injury |  |
| Alcohol & Substance Misuse |  | Long Term Health Condition |  |
| Learning Disability |  | Multiple Disability |  |
| Mental Health |  | Physical Disability |  |
| Prefer Not to Say |  | Unknown |  |
| Nature of disability and / or health condition |  | | | |

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| Are there any Safeguarding Issues? If yes, please specify: | Yes | If yes, please provide details: |  |
| No |
| Are there any known Risks? If yes, please specify: | Yes | If yes, please provide details: |  |
| No |

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| How did you find out about the service? |  |

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| Details of Enquiry / Issue |  | | | | |
| Any important dates and / or timescales to be aware of? | | | | |  |
| Action Already Taken / Relevant Case History | | |  | | |
| Any other agency involved or referred to for providing assistance or advice? Provide details: | | | |  | |
| Other useful information or notes | |  | | | |

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| Demographic Information | | | | | |
| **Ethnicity** | | | | | |
| **White** | English / Welsh /Scottish / Northern Irish / British |  | **Mixed / Multiple Ethic Groups** | Any other mixed/multiple ethnic background |  |
| Any other white background |  | White and Black African |  |
| Irish |  | White and Black Caribbean |  |
| Gypsy or Irish Traveller |  | White and Asian |  |
| Eastern European |  | **Other Ethnic Groups** | Arab |  |
| **Asian or Asian British** | Bangladeshi |  | Any other Ethnic background |  |
| Chinese |  | **Black / African / Caribbean / Black British** | African |  |
| Indian |  | Caribbean |  |
| Pakistani |  | Any other Black background |  |
| Afghan |  | **Not Stated** | Prefer not to say |  |
| Any other Asian background |  | Not known |  |

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| **Sexual Orientation** | | | |  | **Religion** | | | |
| Heterosexual |  | Bisexual |  |  | Christian |  | Muslim |  |
| Gay |  | Other |  |  | Buddhist |  | Sikh |  |
| Lesbian |  | Prefer not to say |  |  | Hindu |  | None |  |
|  |  |  |  |  | Jewish |  | Prefer not to say |  |
| **Gender** | | | |  | Other (please specify) |  | | |
| Male |  | Transgender |  |  |  |  | | |
| Female |  | Prefer not to say |  |  |  |  | | |

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| For referrers | The client knows this referral has been made and is happy to be contacted. | | |
| Referrer Signature: |  | Date |  |

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| Clients/Self-Referrals | I agree to Ruils contacting me in regards to this referral and recording my details on their database. | | |
| Client signature: |  | Date |  |

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| RUILS Membership | I would like to become a member of RUILS (free membership) | | |
| Client signature: |  | Date |  |

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| RUILS Childrens’ Services  e-mail list | I would like to receive occasional emails about RUILS events such as parent workshops. | | |
| Client signature: |  | Date |  |

Please return to: FREEPOST RSZZ-ZSKC-LAEB, Ruils, DAAC, 4 Waldegrave Road, Teddington, TW11 8HT or Email us:

For Richmond referrals: [familymatters@ruils.co.uk](mailto:familymatters@ruils.co.uk)

For Hounslow referrals: [Alkatripathi@ruils.co.uk](mailto:Alkatripathi@ruils.co.uk)

To view our full Privacy Policy on our website <http://www.ruils.co.uk/your-information> or contact us on **020 8831 6083** or on email via [info@ruils.co.uk](mailto:info@ruils.co.uk) to request a paper version.