

**TRADED SERVICE**

**PARENT REFERRAL FORM**

**This form should be used when a child or young person has a need which requires a response**

**from a member of St Albans Plus Schools Partnership Team.**

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| --- | --- | --- | --- | --- | --- | --- |
| **WHICH SERVICE ARE YOU REQUESTING?** | | | | | | |
| **Counselling** | |  | **Mentoring** |  | **EHCPlan Support (SEN School Family Worker)** |  |
| **Other** | |  |  |  |  |  |
| **WHAT IS THE REASON FOR YOUR REFERRAL?** |  | | | | | |
| **WHAT ARE THE DESIRED OUTCOMES FOR YOUR CHILD?** | **1**  **2**  **3** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME** |  | **DATE OF BIRTH** |  |
| **ADDRESS** |  | **GENDER** | MALE FEMALE |
| **PARENT NAME** |  | **PARENT EMAIL** |  |
| **PARENT TEL.** |  | **PARENT MOBILE** |  |
| **CHILDS FIRST LANGUAGE** |  | **DISABILITY** |  |
| **ETHNICITY** |  | **SEN?** | YES NO |

**OTHER SERVICES INVOLVED WITH THE CHILD**

|  |  |  |
| --- | --- | --- |
|  | **CONTACT DETAILS** | **WHAT SERVICES ARE CURRENTLY WORKING WITH YOUR CHILD OR FAMILY** |
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|  |  |  |

**ADDITIONAL INFORMATION**

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| ***Please detail any behaviours observed and experienced and impact on own and others academic progress if appropriate*** |

**CONSENT**

Consent and Information sharing – Parental consent is required to enable information sharing with the identified service. Young people should be aware of the request for a service and be asked for their consent. You will need to make a professional judgement about the young person’s understanding of giving consent.

* I understand that the information contained in this form will be shared with The St Albans Plus Local Partnership team
* I agree to the request and give consent for the service to work with my child/ren and/or me as parent/carer
* I understand that I can withdraw consent at any time

|  |  |
| --- | --- |
| **PARENT/CARER SIGNATURE** |  |
| **DATE** |  |
| **YOUNG PERSON SIGNATURE (IF REQUIRED)** |  |
| **DATE** |  |

**PLEASE RETURN THIS FORM TO:**

|  |  |  |
| --- | --- | --- |
| **Post:**  JO MAHER  ST ALBANS PLUS LOCAL SCHOOLS PARTNERSHIP | **Email:**  Jo.maher@fleetvillejm.herts.sch.uk | **Tel:**  07939 111152 |

**For help and assistance filling in this form, please contact Vista St Albans CIC: vistastalbans@gmail.com**

***All staff are DBS checked and attend regular safeguarding training as well as their relevant qualifications.***