**Core Service**

**School Family Worker**

**Referral Form**

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| **SCHOOL NAME:** |
| **Which service are you requesting?**  **Family Support  Families First Assessment** |

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| **Student’s Details** | |
| Name: | Date of Birth:       Age: |
| Address: | Year Group: |
| Gender: Male  Female  Other: |
| Ethnicity: |
| Religion: |
| Disability: |
| First Language: |

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| **Parent/ Carers Details** | |
| 1. Name: | Gender: Male  Female  Other: |
| Address (If different from Child): | DOB: |
| Contact Number: |
| Email: |
| Parental Responsibility: Yes  No | Religion:      Ethnicity: |
| First Language: | Disability: |

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| **Parent/ Carers Details** | |
| 1. Name: | Gender: Male  Female  Other: |
| Address (If different from Child): | DOB: |
| Contact Number: |
| Email: |
| Parental Responsibility: Yes  No | Religion:      Ethnicity: |
| First Language: | Disability: |

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| **Significant Others/ Siblings NO SIBLINGS:** | | | | | |
| **Name:** | **Address:** | **School:** | **DOB:** | **Relationship to Child:** | **Gender:** |
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| **School Details** | |
| School Contact (Referrers) Name: | Contact Phone Number: |
| Contact Email: | Pupil UPN: |
| What is the reason for your referral?  Please outline your concerns: | |
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| **What is the need for the student?** | | |
| ADHD/ ASD/ SEND  Attendance  Domestic Abuse  Educational Need  Mental Health/ Emotional Wellbeing  Family Relationships  Finance  Parenting | Health/Medical- Child  Health/ Medical- Parent  Housing  Safeguarding  Risk of Exclusion  Worklessness  Substance Misuse- Child  Substance Misuse- Parent | School Transition  Young Carer  School Refusal  LGBTQ+  Unknown/Other |

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| **Primary Need:** |
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| **Secondary Need:** |
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| **Other services involved with the child/family** | | | |
| **Name of Organisation** | **Contact Name** | **Contact Number / Email** | **Details of service carried out with child/ family** |
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| **Additional Information** | |
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| **Consent** |

Consent and Information sharing – Parent 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. St Albans Plus is part of the Families First Early Help Module.

* I understand that the information contained in this form will be shared with The St Albans Plus Schools Partnership and Families First Early Help.
* 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 I can withdraw consent at any time.

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| Name of person making the intervention request (referral) |  |
| Signature of person making the intervention request | Date: |
| Parent/ Carer Name |  |
| Parent/ Carer Signature | Date: |

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| Please return this form to: | |
| **Post:**  Jackie Green  St Albans Plus School Partnership  Leadership House, St Albans Girls School, Sandridgebury Lane, St Albans, AL3 6DB | **Email:**  referrals@vistastalbans.org.uk |

For help and assistance filling out this form please contact Jackie Green on: **01727 519128**

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

Vista is GDPR compliant. Our ICO registration number is ZA354653