**Parent Referral Form**

|  |
| --- |
| **Which service are you requesting?** |
| **Counselling** [ ] **Mediation** [ ]  | **Mentoring** [ ] **Draw and Talking** [ ]  | **Parent Support** [ ] **Behaviour Support** [ ]  |

|  |
| --- |
| **Child’s Details** |
| Name:       | Date of Birth:       Age:      |
| Address:      | Gender: Male [ ]  Female: [ ] Other: [ ]  |
| Child Ethnicity and Religion:       |
| Disability:      |
| First Language:      |

|  |
| --- |
| **Parent/ Carers Details** |
| 1. Name:
 | Gender: Male [ ]  Female [ ]  Other [ ]  |
| Address (If different from Child):      | Contact Number:      |
| Email:       |
| Religion:      Ethnicity:      |
| Parental Responsibility: Yes[ ]  No [ ]  | Disability:       |
| First Language:      | Is an interpreter required? Yes [ ]  No [ ]  |

|  |
| --- |
| **Parent/ Carers Details** |
| 1. Name:
 | Gender: Male [ ]  Female [ ]  Other [ ]  |
| Address (If different from Child):      | Contact Number:      |
| Email:       |
| Religion:      Ethnicity:      |
| Parental Responsibility: Yes [ ]  No [ ]  | Disability:       |
| First Language:      | Is an interpreter required? Yes [ ]  No [ ]  |

|  |
| --- |
| **Significant Others/ Siblings** |
| **Name:**  | **Address:**  | **DOB**  | **Relationship to Child:** | **Gender** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **School Details** |
| School Name:      | Year Group/Class:      |
| Teacher/Main Contact Name:      | School Contact Number:      |
| Please outline your concerns:      |
|  |

|  |
| --- |
| **What is the need for the student?** |
| ADHD/ ASD/ SEND [ ] Attendance [ ] Domestic Abuse [ ] Educational Needs [ ] 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[ ] LGBTQ+ [ ] School Refusal [ ] Young Carer [ ] Unknown/Other [ ]  |

|  |
| --- |
| **Primary Need:** |
|       |

|  |
| --- |
| **Secondary Need:** |
|       |

|  |
| --- |
| **Other services involved with the child/family** |
| **Name of Organisation**  | **Contact Name**  | **Contact Number / Email** | **Details of service carried out with child/ family** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| **Additional Information** |
|       |  |

|  |
| --- |
| **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.

|  |  |
| --- | --- |
| Parent/ Carer name and signature |       |
| Date |       |

|  |
| --- |
| Please return this form to: |
| **Post:**Karen BroomVista St Albans CICFleetville Junior School, Hatfield Road, St Albans, AL1 4LW | **Email:**referrals@vistastalbans.org.uk | **Courier bag:**Karen BroomFleetville Junior SchoolSchool no 420 |

* For help and assistance filling out this form please contact the Vista Office on: **07584 798 528**

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.