**Parent Referral Form**

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

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

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| **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 |

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| **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 |

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| **Significant Others/ Siblings** | | | | |
| **Name:** | **Address:** | **DOB** | **Relationship to Child:** | **Gender** |
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| **School Details** | |
| School Name: | Year Group/Class: |
| Teacher/Main Contact Name: | School Contact Number: |
| Please outline your concerns: | |
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| **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 |

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

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| Please return this form to: | |
| **Post:**  Karen Broom  Vista St Albans CIC  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 the Vista Office on: **01727 519 128**

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.