

**PARENT TRADED SERVICE**

**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.**

**For Child Protection referrals use the *Hertfordshire Child Protection Referral* *Form* or ring 0300 123 4043.**

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| **WHICH SERVICE ARE YOU REQUESTING?** |
| **Counselling** |  | **Mentoring** |  | **Parent Support** |  |
| **Mediation** |  | **Drawing and Talking** |  | **Behaviour Support** |  |

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| **PARENT NAME/S** |  | **PARENT TEL.****PARENT EMAIL:** |  |
| **CHILD/YOUNG PERSON NAME** |  | **DATE OF BIRTH** |  |
| **ADDRESS** |  | **DISABILITY** |  |
| **SCHOOL** |  | **GENDER** |  MALE FEMALE |
| **CHILD ETHNICITY** |  | **CHILDS FIRST LANGUAGE** |  |
| **PARENT ETHNICITY** |  | **PARENT ETHNICITY** |  |
| **WHAT IS THE REASON FOR YOUR REFERRAL?****PLEASE OUTLINE YOUR CONCERNS** | **Description:** |
| **WHAT IS THE PRIMARY NEED FOR THE STUDENT?** |  | **ADHD/ASD/SEND****Attendance****Behaviour****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****Transition****Young Carer****Bereavement****Unknown/Other** | **Please indicate Primary Need here:****Please indicate Secondary Need here:****Please indicate Third Need here:** |

**OTHER SERVICES INVOLVED WITH THE CHILD**

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|  | **CONTACT DETAILS** | **WHAT WORK IS CURRENTLY BEING UNDERTAKEN WITH THE NAMED CHILD OR FAMILY** |
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**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. St Albans Plus/Vista St Albans 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 teams
* 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

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| --- | --- |
| **PARENT/CARER SIGNATURE** |  |
| **DATE** |  |

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| IF CONSENT HAS **NOT** BEEN OBTAINED, PLEASE GIVE A REASON |

**PLEASE RETURN THIS FORM TO:**

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| **Post:**JO MAHERST ALBANS PLUS LOCAL SCHOOLS PARTNERSHIP | **Email:** **vistastalbans@gmail.com** | **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.***