

**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

|  |  |
| --- | --- |
| **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 MAHER  ST ALBANS PLUS LOCAL SCHOOLS PARTNERSHIP | **Email:** [**vistastalbans@gmail.com**](mailto: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.***