Family Lives Referral Form

Please note that all referrals must be made with the consent of the family. Have you discussed this referral with the family and obtained their consent to make the referral? Yes ☐ No ☐

FAMILY DETAILS			
	First name	**Family Name**	**Child DOB**
Parent/Carer 1			
Parent/Carer 2			
Child 1			
Child 2			
Child 3			
Child 4			
Tele		**Is it OK to leave a message:** Yes ☐ No ☐	
Email		**Address inc. post code**	

Which child is this course applicable to?

Reason for referral:

What do you want the attendee to gain from this course?/What do you want to gain from this course?

Are there any SEN? Yes ☐ No ☐

If yes, please specify condition

Is there a FFA in place? Yes ☐ No ☐

Is there a CiN in place? Yes ☐ No ☐

Is there a CP in place? Yes ☐ No ☐ **Is there a Parenting Order in place?** Yes ☐ No ☐	
Does the attendee have any access needs? Yes ☐ No ☐ If yes, please specify the needs **Is an interpreter required?** Yes ☐ No ☐ If yes, please specify the language	
COURSE INFORMATION (All online groups delivered through MS Teams) **Time to Talk about Pre-Teens and Teens (6-week group)** ☐Wednesday 23 February to the 30 March 2022 from **9.30am-11.30am** ☐ Wednesday 23 February to the 30 March 2022 from **7.00pm-9.00pm**	
REFERRER DETAILS	
SELF-REFERRAL (*Please specify how you found out about the course)*	
PROFESSIONAL REFERRAL **Name** **Date of Referral** **Role**	
Email	**Tele**
Agency **DSPL ☐ (specify which area)** **Family Centre ☐ (specify which)** **Health (specify) ☐** **Intensive Family Support ☐** **Integrated Services for Learning ☐** **Pathway Provider ☐** **Probation ☐** **SFW/School ☐**	

Social Care ☐ **SASH** ☐ **Other (please specify)**
The parenting group is funded by Herts County Council. They would like to contact the parent after the group to gain their feedback via a short survey. The purpose of this survey is to ensure that HCC are providing the right kind of support to families and their assistance with this is greatly appreciated Please confirm if the parent has given consent for us to give their email address to the council. Yes ☐ No ☐

SERVICE INFORMATION

Our programmes are delivered by trained and accredited practitioners. The programmes aim to help parents learn how to communicate positively, to value their own needs, to help them recognise the importance of children's feelings and needs and how to acknowledge these needs.

Details on this form will be kept strictly confidential within Family Lives and will only be used to work with clients and for our evaluation systems.

Please return the form password-protected to: services@familylives.org.uk, sending the password in a separate email

Call 0204 522 8700 or 8701 for further information

FOR OFFICE USE ONLY

Date Received: