

**SELF-REFERRAL FORM
 PARENT SUPPORT 2023/24**

Please return to familysupport@saunceywood.herts.sch.uk

(For access to the SEND support worker, please email directly to referrals@dspi7.org.uk)

Date of referral: Date of receipt (office use): **Case ID No:**

Name of Child: **DOB** / / **Year Group** Y... **M/F** **CP/CIN/EHCP**
 (please specify)

School:

Name of Referrer: Telephone Number: Email:

Availability (for meetings):
 (Please note: we will try to take account of your availability when arranging meetings but this cannot be guaranteed.)

- Please note that we will be unable to process your referral until we receive this form with contact details and information completed (requests are considered every **Wednesday** at our team meeting).

Family Details: Parent/Carer 1		Family Details: Parent/Carer 2	
Name of Parent/Carer 1:	Single Parent: Yes /No	Name of Parent/Carer 2:	Single Parent: Yes /No
..... DOB / /	 DOB / /	
Address:	Primary Residence Yes/No	Address:	Primary Residence Yes/No
.....		
..... Post Code Post Code	
Mobile:.....Home:.....		Mobile:.....Home:.....	
Email:.....		Email:.....	

Which religion is the family affiliated to?
 (Without this information we are unable to register an FFA)

Names of All Other Children in Family	M/F	D.O.B.	School attending	Year Group	CP/CIN/EHCP (please specify)

Ethnicity of main carer:

Asian/Asian British: Bangladeshi	Asian/Asian British: Indian	Asian/Asian British: Pakistani	Mixed/Multiple ethnic: White & Asian	Asian/Asian British: Chinese	Any other Asian background	
Black African	Black British	Black Caribbean	Mixed/Multiple ethnic: White & Black African	Mixed/Multiple ethnic: White and Black Caribbean	Any other Black/African/Caribbean background	
Arab	White British	White Irish	Traveller of Irish heritage	Any other mixed/multiple ethnic background	Any other Ethnic Group.....	

Other Agencies involved:

Family Doctor: Telephone Number:

Name and Role: Telephone Number:

I hope that Harpenden Plus Partnership will help meet the needs that my family has in the following areas (please tell us why this is a need and how we may be able to help). If you circle Y, please provide further information.

What is the main reason for the referral?		
What is the intended outcome?		
1. Children's physical health/wellbeing (healthy lifestyle, early development, managing any disabilities/SEN)	Y/N	
2. Children's emotional health/wellbeing (self-esteem, resilience, family dynamic)	Y/N	
3. Keeping the children safe (protecting the child, avoiding accidents, bullying and abuse)	Y/N	
4. Education and Learning (Supporting the child's learning and aspirations at school and home)	Y/N	
5. Parental emotional/physical wellbeing (how the parent feels, their mental health)	Y/N	
6. Behaviour & boundaries (clear boundaries and dealing with challenging behaviour appropriately)	Y/N	
7. Family routine (suitable routines for basic care, getting to school on time, family time)	Y/N	
8. Social networks (support from family/friends, children's social skills and positive friendships)	Y/N	
9. Home and money (paying bills & rent, providing a secure and adequate home)	Y/N	
10. Any significant events in the family? (bereavement, illness, separation/divorce, conflict, prison)	Y/N	
11. School attendance/transition concerns	Y/N	
12. Other (please describe)	Y/N	
13. Any concerns around Domestic Abuse?	Y/N	
14. Any other issues that we need to consider when allocating a member of staff and/or home visits e.g pets, access?	Y/N	

For office use only:

Manager's Approval Date.....

Family Support Worker allocated..... FFA / PS Signposting / PS Family Star

Date of contact Form of contact Outcome.....

Date of contact Form of contact Outcome.....

Date of contact Form of contact Outcome.....

Date of contact Form of contact Outcome.....