



**REFERRAL FORM**

**PLEASE NOTE THAT ALL REFERRALS MUST BE MADE WITH CONSENT  
(verbal or written)**

**Home-Start referral criteria – Families from pre-birth to having at least one child under the age of 5.**

**Email to: [hello@home-start-bnd.org.uk](mailto:hello@home-start-bnd.org.uk)**

**Ref (official use only) .....**

**NHS Patient No. ....**

Referrer:		Referring & Organisation:	
Name and Position:		Tel. No.:	
SN/HV Team:		Mobile No.:	
		Email:	

CAF Open	
CAF Lead Professional	
Contact Detail	
Agencies Involved	



## FAMILY/INDIVIDUAL INFORMATION

Family Name		Date of Referral:
Address		
Postcode	Tel	
Name of mother	D.O.B.	
Name of father	D.O.B.	
Significant other (If living in household)		
Are they a single parent?	Can person referred speak English?	
	If no, which is their preferred language?	

<b>Ethnicity:</b>			
White		Indian	
Black Caribbean		Pakistani	
Black African		Bangladeshi	
Black Other		Chinese	
Other Please specify			

Name of child and other children in home	D.O.B	M	F	Employment Status or Training Organisation/School / Nursery / Children's Centre attended

Family Doctor Details	
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**Referral Type**

*Family needs*

	✓
1. Emotional Health & Wellbeing Support	
2. Social Isolation Support	
3. Help With School Readiness	
4. Help With Parental Readiness	
5. Behavioural Support - Pre School-Child	
6. Behavioural Support - School Age < 5	

<b>Preferred Method of Support</b>	<b>Please Tick</b>
Home-Visiting (volunteer)	
Family Group Activity	
Digital/Remote Support	

**Please add specific information relating to the reason for this referral.  
(Please use extra sheet if necessary)**



**Are there any health and safety issues such as family violence or dangerous dogs, that Home-Start needs to be aware of?  
(Please use extra sheet if necessary)**

***We (the family/young person) give the referrer consent to share our information with Families Health & Wellbeing Consortium so that appropriate support may be provided by one of their organisations.***

- Verbal consent can be given but the name of consenting person must be added to the signature line below with (verbal) added.***

***Family Representative/Young Person***

***Signature: .....***

***Referrer signature: .....***

**Confidentiality**

*All personal information about parents and children is treated as confidential, to be discussed only as necessary with the co-ordinator to assist the family. Any disclosure of confidential information to any other person may only be undertaken with the expressed permission of the parents for the purpose of assisting the family, except where it is considered necessary for the welfare and protection of a child when information shall be shared with the appropriate authorities.*