**Core Service**

**School Family Worker**

**Referral Form**

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| **SCHOOL NAME:** |
| **Which service are you requesting?****Family Support** [ ]  **Families First Assessment** [ ]  |

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| **Student’s Details** |
| Name:       | Date of Birth:       Age:      |
| Address:      | Year Group:       |
| Gender: Male [ ]  Female [ ]  Other: [ ]  |
| Ethnicity:       |
| Religion:       |
| Disability:      |
| First Language:      |

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| **Parent/ Carers Details** |
| 1. Name:
 | Gender: Male [ ]  Female [ ]  Other: [ ]  |
| Address (If different from Child):      | DOB:       |
| Contact Number:      |
| Email:       |
| Parental Responsibility: Yes [ ]  No [ ]  | Religion:      Ethnicity:      |
| First Language:      | Disability:      |

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| **Parent/ Carers Details** |
| 1. Name:
 | Gender: Male [ ]  Female [ ]  Other: [ ]  |
| Address (If different from Child):      | DOB:       |
| Contact Number:      |
| Email:       |
| Parental Responsibility: Yes [ ]  No [ ]  | Religion:      Ethnicity:      |
| First Language:      | Disability:      |

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| **Significant Others/ Siblings NO SIBLINGS:** [ ]  |
| **Name:**  | **Address:** | **School:** | **DOB:**  | **Relationship to Child:** | **Gender:** |
|       |       |       |       |       |       |
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| **School Details** |
| School Contact (Referrers) Name:      | Contact Phone Number:      |
| Contact Email:      | Pupil UPN:      |
| What is the reason for your referral?Please outline your concerns:      |
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| **What is the need for the student?** |
| ADHD/ ASD/ SEND [ ] Attendance [ ] Domestic Abuse [ ] Educational Need [ ] 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 [ ]  | School Transition [ ] Young Carer [ ] School Refusal [ ] LGBTQ+ [ ] Unknown/Other [ ]  |

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| **Primary Need:** |
|       |

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| **Secondary Need:** |
|       |

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| **Other services involved with the child/family** |
| **Name of Organisation**  | **Contact Name**  | **Contact Number / Email** | **Details of service carried out with child/ family** |
|       |       |            |       |
|       |       |            |       |
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| **Additional Information** |
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| **Consent** |

Consent and Information sharing – Parent 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 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.
* 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 I can withdraw consent at any time.

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| Name of person making the intervention request (referral)  |       |
| Signature of person making the intervention request |       Date:      |
| Parent/ Carer Name  |        |
| Parent/ Carer Signature |       Date:      |

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| Please return this form to: |
| **Post:**Jackie GreenSt Albans Plus School PartnershipLeadership House, St Albans Girls School, Sandridgebury Lane, St Albans, AL3 6DB | **Email:**referrals@vistastalbans.org.uk |

For help and assistance filling out this form please contact Jackie Green on: **01727 519128**

All St Albans Plus staff are DBS checked and attend regular safeguarding training as well as their relevant qualifications.

Vista is GDPR compliant. Our ICO registration number is ZA354653