About You (The Referrer)

|  |  |
| --- | --- |
| Your Name |  |
| Your Agency, email address & phone number |  |
| Date of Referral |  |
| Do you have consent to make this referral?  From whom? |  |

About the person or family you’re referring

|  |  |
| --- | --- |
| Full name(s), role & DOB(s) of all family members:  e.g.: Jane Blogs 01-01-1980 (Mother)  Fred Blogs 02-01-1980 (Father)  Bob Blogs 03-01-2000 (Son)  Beryl Blogs 04-01-2010 (Daughter) |  |
| Address / phone number / email |  |
| If children are included in the referral, please give schools details & name a point of contact in school |  |
| Any relevant information regarding Mental Health / therapeutic input / Involvement with Social Services / substance misuse / Domestic Abuse  PLEASE INCLUDE ANY SAFETY PLANNING INFORMATION  (e.g.: Only safe to contact between 9 – 5) |  |

Please tell us what you’d like the OUTCOME of this referral to be

*For example: improved parenting / Domestic Abuse recovery / improved self-esteem:*

Please tell us why you are making this referral:

*Include as much information as possible about why you’re concerned about the child / family. Continue on separate sheets if necessary.*

Family Composition:

*Please tell us who lives in the family home and any other significant relationships. (For example: Parent who lives elsewhere / Grandparents very supportive)*

***Please email the completed form to jess@jltsfamilyservices.org.uk***

**Office Use:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ref No: |  | P/F/S |  | Allocate: |  |