



HOME-START BANBURY & CHIPPING NORTON

Referral Form

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM

Please note all referrals must be made with the consent of the family.

Have you discussed this referral with the family prior to completing this form Yes _____ No _____

This form will be held in confidence but may be shown to the family if requested.

Date _____

HSB No.....(office use)

Name of Family _____ Lone Parent Yes/No

Name of mother/partner _____ DOB _____ Name of father/partner _____ DOB _____

Address _____

Tel No (H) _____ (M) _____

Ethnicity of main carer: Asian or Asian British

(please tick)

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Please specify _____

Black or Black British

- Caribbean
- African
- Any other Black background
- Please specify _____

White

- British
- Irish
- Any other White background
- Please specify _____

Chinese or other Ethnic Group

- Chinese
- Other ethnic group
- Mixed
- Any mixed background
- (Please specify _____)

Does the main carer have a disability? Yes/No

NAME OF CHILD	DOB	Is there a disability?		Child Protection Register	
		Yes	No	Yes	No

Please note the family must have at least one child under the age of five years.

<p><u>Referred by:</u></p> <p>Name _____ Self _____</p> <p>Agency _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel: _____</p>	<p>Family Doctor _____</p> <p>Tel: _____</p> <p>Health Visitor _____</p> <p>Tel: _____</p> <p>Other agencies involved:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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So that we can offer the family the most appropriate support and match the most suitable volunteer please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of how many categories are ticked.

This information also helps us to evaluate the outcomes of our support.

I hope that Home-Start will help meet the needs the family has in the following areas:

	√	<i>If you have ticked, please tell us why this is a need and how a volunteer might be able to help</i>
BE HEALTHY		
1. Parent(s) emotional health/well-being		
2. Parent(s) physical health/well-being		
3. Child(ren)'s physical health/well-being		
4. Child(ren)'s emotional health/well-being		
STAY SAFE		
5. Stress caused by conflict in the family		
6. The day-to-day running of the house		
7. Coping with the extra work caused by multiple birth/multiple children under 5		
ENJOY AND ACHIEVE		
8. Using other services/facilities in the area		
9. Managing the child(ren)'s behaviour		
10. Being involved in the child(ren)'s development		
ACHIEVE ECONOMIC WELL-BEING		
11. Managing the household budget		
MAKE A POSITIVE CONTRIBUTION		
12. Feeling isolated		
13. Parent(s) self-esteem		

Please tell us about any health and safety issues we need to consider if placing a volunteer with this family (please use a separate sheet if necessary).

Please add any background information which you think we would find useful:

NOTE:

You will be kept informed of action taken by Home-Start but feel free to contact us at anytime if you have any queries. Home-Start operates a confidentiality policy and will only discuss a family's situation with the written consent of the family.

THANK YOU FOR YOUR REFERRAL.

Please return to: The Organisers Home-Start Banbury & Chipping Norton, Britannia Road Children's Centre,
Grove St, Banbury, Oxon, OX16 5DN
www.home-startbanbury.org.uk

Tel/Fax: 01295 266358

e-mail: info@home-startbanbury.org.uk

FOR OFFICE USE ONLY:

Date of Organisers' first visit.....

Volunteer and date linked.....

Referral InappropriateReason.....

Referral not taken up.....Date of withdrawal.....