**Father Figure Support Referral Form**

Support cannot commence until the referee has given full consent for this referral, this form has been completed in full and received by the Service Co-ordinator.

**All information will be treated in the strictest confidence.**

**PANEL AGREEMENT DATE:**

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| **1. Referrer / Agency Details** | | | |
| Referrer’s Name & Role: | | | |
| Address of Agency: | | | |
| Postcode: | | | |
| Mobile: | | Telephone: | |
| E-mail: | | Fax: | |
| Practice Manager: | | Telephone Ext: | |
|  | | | |
| **2. Family Structure / Situation** | | | |
| Fathers Name:  DOB:  Ethnicity: | Address: | | Telephone: |
| Child Name:  SEND? Y/N Young Carer? Y/N | Date of Birth: | | At Home?/Address: |
| Child Name:  SEND? Y/N Young Carer? Y/N | Date of Birth: | | At Home?/Address: |
| Child Name:  SEND? Y/N Young Carer? Y/N | Date of Birth: | | At Home?/Address: |
| Any significant others: | | | |
| Please describe the family situation i.e. is all the family together? Are any siblings accommodated? Is there any history of violence or abuse? Are parents supportive or rejecting of child? Any other major issues? | | | |
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| **3. Education** | | | |
| Does the child(ren) attend school? If so, please provide details of school address, telephone number and school hours attended. If not, please outline what educational arrangements you would expect for this child(ren): | | | |
|  | | | |
| **4. Safety / Supervision Issues** | | | |
| In relation to any family members, is there any history of: | | | |
| Self harming – what form does this take? | | | |
| Substance misuse – what substances and in what context? | | | |
| Violence – to whom and in what context? | | | |
| Other? | | | |
|  | | | |
| **5. General Behaviour Trends** | | | |
| Please describe how the child(ren) is on a day to day basis with family, peers, self and adults. Please include positive statements about the child(ren)’s behaviour on which to build care programmes, i.e. likes, interests and hobbies. | | | |
|  | | | |
| **6. Reason for Referral / Support Task** | | | |
| Please give details of why the referral is being made: | | | |
| What is the anticipated length of support? | | | |
| How urgently is support required? | | | |
| Start Date: | | | |
| What are the desired outcomes? | | | |
|  | | | |

**Please attach: Risk Assessment and any other information that may be useful for the family support team.**

Signed:…………………………………………….. Print:…………………………………………….. Date:………………

Please return this form to: David Mullings

E-mail: [david@fatherfigure.org.uk](mailto:david@fatherfigure.org.uk)