[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjLh-ir1YfZAhXENxQKHdwODaAQjRx6BAgAEAY&url=https://stockfresh.com/image/506450/kids-going-to-school&psig=AOvVaw19pZQ5FOv5KxuyCci1Vgud&ust=1517675833113228)

**Helping Hands Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Name** | **Job Title:** | | |
| **Agency:** | **Date of Referral :** | | |
| **Agency Address:** | | | |
| **Postcode:** | **CIS No if applicable:** | | |
| **Client Name:** | **Client Tel. No :** | | |
| **Client’s Address:**  **Postcode:** | | **Client D.O.B** | **SAFE TO WRITE**  **YES/NO** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Currently in relationship Yes / No** | | | | | | | | **Perpetrators Name & DOB if known** | |  | | | | | | **CHILD/CHILDREN for referral** | | | | | | | | **NAME** | **School** | | **Contact** | **Telephone** | **School Year** | **Key Stage** | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | | | | |
| **GP: Surgery:** | | | |
| **Telephone:** | | | |
| **AUTHORISATION TO CONTACT IF REQUIRED**  **SCHOOL YES/NO DOCTOR YES/NO AGENCY REF YES /NO** | | | |

|  |
| --- |
| **Areas of Concern:**  **Health Issues (include allergies/food intolerances, illnesses, epilepsy, asthma)** |
| **Brief Outline Of Family History (please include who the CYP lives with)** |
| **Any Other Concerns or Information That You Feel Would Be Useful For Me To Know**  **(please include experience of Domestic Abuse)** |
| **I Do/Do not agree for my CYP to attend the Helping Hands Programme**  **Name of Parent/Main Carer: ……………………………………………………..**  **Sign: ………………..................... Date: ……………………………….** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date called | Outcome |  | Offered | Outcome |
| 1st call |  |  |  |  |
| 2nd call |  |  |  |  |
| 3rd call |  |  |  |  |
| 4th call |  |  |  |  |

Please Return the completed referral form to [Victoria.Williams@SanctuaryHousing.co.uk](mailto:Victoria.Williams@SanctuaryHousing.co.uk) Telephone: 01803 698878