



Referral Form: Child & Family Programmes

Postage address: CDETB Foundations Project, 1 Parnell Square, Dublin 1

Phone: Katia.hancke@parnell.cdetb.ie / 086 0336491

Amy.nyhan@parnell.cdetb.ie / 087 9517899

Date of referral: _____

Name of referrer	
Name of organisation/school	
Relationship to family	
Contact Details	

Family information

Parent/Guardian 1		Phone number	
Parent/Guardian 2		Phone number	
Address			
Please name who the child lives with (primary carer)			

Child/ren information

Name of child	DOB	AGE	School	Class

Are the family currently homeless and if so how long? **YES/NO** _____

Do the parents/guardians have English language support needs? **YES/NO**

Would either parent/guardian be interested in attending English language classes? **YES/NO**

*If YES are they **beginners / improvers / intermediate**?*

Are the family linked to any other services? (Afterschool clubs/youth groups/counselling etc) **YES/NO**

Does the family have a **social worker, key worker or family support worker**?

(Please circle if relevant and give name and contact number below)

Are there any medical needs/ addiction issues within the family? **YES/NO**

(If yes please give detail)

Are the family aware that this referral has been made? **YES/NO**

Please give reason why you feel that this child would benefit from this service?

(Give brief background on child's behaviour, family situation, and any additional needs they may have)

Signature: _____ Date: _____

*All information provided in this referral form will be treated with the strictest of confidence. This information will not be passed onto any other organisation without consent from the professional making the referral.

For any queries you may have regarding this referral please contact: Katia Hancke 086 0336491/ Amy Nyhan 0879517899

FOR OFFICE USE ONLY:

1. Family situation:

- is currently living in homeless accommodation. **YES/NO**
- has previously lived in homeless accommodation. **YES/NO**
- At risk of homelessness? **YES/NO**
- the family is affected by addiction **YES/NO**
- the family is living in extreme poverty **YES/NO**
- the child has behavioural / educational support needs **YES/NO**
- the parent / child has significant physical / mental health problems **YES/NO**
- there has been family breakdown-bereavement/separation/parent serving
prison sentence. **YES/NO**
- the family has experienced domestic violence. **YES/NO**

2. Other service involvement? (social worker/family support worker/after school & youth projects,
other after school activities etc) **YES/NO**

Detail: _____

3. Is this a suitable referral? **YES/NO**

REASON: _____

4. Contact referrer to inform them if child/family are being offered a place & advise around waiting
list time frame.

Date: _____ Staff member: _____

Information passed on: _____

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