



Referral Form for after schools club

Date: _____

Name of person making referral: _____

Name of organisation (brief description): _____

Relationship to family: _____

Contact details: _____

*Information on family:

1. Name of child: _____ Date of birth: _____

2. Name of parent/s: **Mother:** _____ Contact number: _____

Father: _____ Contact number: _____

3. Child's home address: _____

4. School: _____ Class: _____

5. Other children in family:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

6. Please state who the child lives with (e.g. primary care giver):

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

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

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

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

10. Are there any addiction issues within the family? **YES/NO**

(If yes please give detail)

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

12. 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 such as educational/emotional/social etc.)

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:

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: _____

