

Completed form to be sent to:

Address: Welcare Inner London, 19 Frederick Crescent, London, SW9 6XN

Tel: 020 7820 7913

E-mail: innerlondon@welcare.org



FOR COMPLETION BY WELCARE ONLY

Centre:	Service Required:
Unique Ref No:	e-Start No:

### Referral Form/Initial Assessment

**\*Please ensure you fully complete this form.**

**PLEASE PRINT CLEARLY**

**\*Incomplete forms cannot be processed. They cause an unavoidable service delay to the Service User.**

First Name of Service User (Parent):	Last Name of Service User (Parent):
AKA:	D.o.B:
Address:	Temp / Alt Address:
Tel:	E-mail:

Please tick the box if Service User should **NOT** be contacted directly

Child/Children's First Name	Last Name	DOB/ EDD	Gender	School/Nursery	Ethnic Origin	Stat Orders CP Plan

Other significant adult:	Parental responsibility Y / N

Referred by:	Date:
Agency/Dept:	E-mail address:
Source of Referral to Social Services:	Level of Vulnerability (3 or above must have Initial Assessment attached) .....
Address:	<b>Referrer's signature:</b>
Tel:	<i>Please refer to Welcare's Data Protection statement at the end of this form for details on how we protect your information</i>
<b>Service User signature:</b>	

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SELF REFERRAL: Yes/No NAME OF STAFF MEMBER TAKING SELF REFERRAL: ..... DATE REF REC'D: .....

Referral Method – please tick      By E-mail      By Telephone      In Person      Form

**Reason for Referral (tick as many as apply):**

Child with Behavioural Difficulties	Child Contact	Child with Learning difficulties	Child with mental health problems	Child with Physical Disability/sensory impairment
Child Protection	Child with substance misuse problems	Child with other health issues	Debt / Financial Problems	Domestic Violence Issues
Housing problems / homeless	Lone Parent Family	Parental Conflict	Parent with learning difficulty	Parent with mental health problems
Parent with physical disability / sensory impairment	Parents with substance misuse problems	Parent with other health issues	Pregnancy 17 and under	Young Parent 17 and under
Refugee or Asylum Seekers	Other (please state)			

**Other services & agencies involved (please complete)**

	Name	Address	Contact number
H.V.			
G.P.			
Other(s)			

**For referrals by Health only...**

Antenatal contact	New birth visit	8 week contact	1 year contact	27 month review

**Ethnicity of Family (please tick as many as apply)**

	Mother	Father	Children		Mother	Father	Children
Arabic – British				Black African			
Arabic – Other, please state ethnic group .....				Black British			
Asian Bangladeshi				Black Caribbean			
Asian British				Black – Other, please state ethnic group .....			
Chinese				Mixed Race – Please state ethnic group(s) .....			
Asian Indian				White British			
Japanese				White Irish			
Asian Pakistani							
Asian – Other, please state ethnic group .....				White – Other, please state ethnic group .....			

**Please indicate which services the Service User requires:**

Parenting Course		Recovery from Abuse Course		Individual Counselling	
Just Ask Service (LBC referrals only)		Crèche for under 5s (whilst using another of our services)			

1	<b>Reasons for Referral? (Please be specific about concerns, work requested and criteria, i.e., individual or group)</b>
2	<b>What does the Service User hope to achieve by this referral?</b>
3	<b>What is your expectation of this referral?</b>
4	<b>Additional significant info. (Including issues relating to culture, mental health, disability, education, domestic violence, drug/alcohol misuse. Please attach any info, reports, etc.)</b>
5	<b>Please state briefly the nature of your involvement to date (e.g., focus of work, significant dates and events)</b>
6	<b>How long has this family been known to your agency?</b>
7	<b>How long have you worked with this family?</b>
8	<b>Will your agency continue to be involved with the family?</b>
9	<b>Are you referring the family to any other agencies (statutory or voluntary)? If so, please state to whom and for what purpose. This information is required to avoid duplication of work between the agencies and aid working together.</b>

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**Known to Welcare**      Y / N      (previous papers attached)

**Relevant details:**

**DECISION TO BE COMPLETED BY WELCARE MANAGER**

**Decision** (tick as many as apply)

	Services Offered	Services Delivered
Activities or outings		
Advice only		
Counselling informal or formal		
Crèche		
Debt Advice		
Family Aid / Support Worker		
Family Group Meetings		

	Services Offered	Services Delivered
Focused Intensive Support		
Generation Link Service		
Group		
Parenting Course		
Play visiting		
Practical help (i.e. clothes, food)		
Referral to other org(s)		

	Services Offered	Services Delivered
Services not accepted		
Specialist Support (i.e. play therapy, school liaison)		
Supervised Contact Service		
Supported contact service		
Use of volunteers		
No response from client		
Other (please specify)		

Allocated to: .....

Date: .....

Date Closed: .....

.....  
Worker's Signature

Date Closed: .....

.....  
Supervisor's Signature

**Data Protection Act 1998**

Welcare respects your privacy rights and is committed to ensuring that we protect your details, the information about your dealings with Welcare and other information available to Welcare ('your information'). In accordance with the Data Protection Act 1998, Welcare will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. Welcare may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP).

Under the Data Protection Act 1998, Welcare has a legal duty to keep the information held about you and your family up-to-date. **Please inform us if any of your details change.** We will update the information we hold about you to ensure that we are able to offer the most appropriate services and assistance to you and your family.

If you are providing personal information for other people, we would suggest that you inform them of this.

If you would like to apply for access to the information we hold about you please send a written request to the Welcare Centre Manager.