

Referral Form - Southwark Diocesan Welcare

Please complete all sections of the form below and return to Welcare (see final page for details of how to submit).

REASON/S FOR REFERRAL

Please state why you are making this referral to Welcare.

PRIMARY SERVICE USER

| | |
|--|--|
| Name of person being referred | |
| Date of birth | |
| Identifying gender | |
| Ethnicity | |
| Any additional needs (medical, educational, disability etc) | |
| Address | |
| Postcode | |
| Phone Number | |
| Email | |
| Status (CIN, CP, PLO, LAC) | |
| Has this referral been made with the consent of the referrer?* *if child is under 13 we require consent from their parent/carer or guardian with parental responsibility | |

OTHER SIGNIFICANT FAMILY MEMBERS

| | | | |
|---|--|---|--|
| Name #1 | | Name #2 | |
| Date of birth | | Date of birth | |
| Identifying gender | | Identifying gender | |
| Ethnicity | | Ethnicity | |
| Relationship to primary service user | | Relationship to primary service user | |
| Address (if different from primary service user) | | Address (if different from primary service user) | |
| Phone number | | Phone number | |
| Email | | Email | |
| Status (CIN, CP, PLO, LAC) | | Status (CIN, CP, PLO, LAC) | |
| Any reason why this person should not be contacted? Please specify | | Any reason why this person should not be contacted? Please specify | |

| | | | |
|---|--|---|--|
| Name #3 | | Name #4 | |
| Date of birth | | Date of birth | |
| Identifying gender | | Identifying gender | |
| Ethnicity | | Ethnicity | |
| Relationship to primary service user | | Relationship to primary service user | |
| Address (if different from primary service user) | | Address (if different from primary service user) | |
| Phone number | | Phone number | |
| Email | | Email | |
| Status (CIN, CP, PLO, LAC) | | Status (CIN, CP, PLO, LAC) | |
| Any reason why this person should not be contacted? Please specify | | Any reason why this person should not be contacted? Please specify | |

REFERRER DETAILS

(leave blank if self-referral)

| | |
|---|--|
| Referring organisation | |
| Name | |
| Job title | |
| Are you the lead professional? | |
| Phone number | |
| Email | |
| How long have you been working with the service user/family? | |
| Level of need 1, 2, 3, 4 | |

Who else has been working with the service user / family? Please give details below.

| Name | Agency | Phone number | Email |
|-------------|---------------|---------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

What are the areas of concern/reasons for referral?

Tick priorities or mark with 'x' (can be more than one)

- Addiction
- Boundaries and behaviour
- Keeping child/ren safe
- Child emotional wellbeing
- Child physical health/SEN
- Confidence and self esteem
- Domestic abuse
- Education and learning
- Parental emotional support/well-being
- Family routine
- Housing
- Home/finances
- Parental physical health
- Parenting
- Practical support/signposting
- Social networks
- Progress to work
- Other (Please specify)

Is this referral for group work or a specific course? Please specify.

What outcome do you anticipate for the service user/family?

What results does the service user hope to achieve?

Any other information or risks that Welcare should be aware of? (issues relating to language, culture, mental health, disability, domestic violence, drug/alcohol/substance misuse etc)

DECLARATION

I have agreed to share the above information with Welcare, other professionals and services relevant to my journey of change, unless otherwise stated, in accordance with their data protection and GDPR policies.

Signature of primary service user _____

Date _____

Signature of parent/carer or guardian with parental responsibility _____
(if primary service user is under 13)

Date _____

Please note verbal consent is acceptable.

NOTES FOR REFERRERS

Welcare provides a range of practical and emotional support services to families with children aged 13 and under across South London and East Surrey. For a referral to services in South London boroughs please return the referral form to info@welcare.org and for support in the East Surrey boroughs of Reigate & Banstead and Tandridge please return the form to redhill@welcare.org or by post:

Welcare
19 Frederick Crescent
London
SW9 6XN

Please note that making a referral does not mean that Welcare will automatically be able to support the young person or family. All families will be contacted and where it is deemed that we are not able to support them they may be signposted to other agencies. The referring agency will be notified if we are unable to offer support. You should expect a confirmation of receipt of your referral within 1 working week.

Data Protection

Welcare is committed to protecting the personal information which you provide to us in order to access our child and family support services. When you provide this information we are legally obliged to use your information in line with all applicable laws concerning the protection of personal data, including the General Data Protection Regulation (GDPR) which came into force on 25 May 2018. We are committed to promoting equality and diversity in all that we do and we collect diversity and equality information to demonstrate to those who fund us that our services reflect the diversity of the communities we serve. We keep our privacy policies under regular review. They can be found at www.welcare.org/policies. Please contact us if you have any questions or queries at:

The Data Controller
Welcare
19 Frederick Crescent
London
SW9 6XN