

## Group Work 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).

### Which group do you want to attend?

London	East Surrey
<input type="checkbox"/> MySpace (domestic abuse recovery) <input type="checkbox"/> Strengthening Families, Strengthening Communities <input type="checkbox"/> My Next Step (school transition) <input type="checkbox"/> Caring Dads <input type="checkbox"/> With Respect	<input type="checkbox"/> Every Child a Talker <input type="checkbox"/> Encouraging English <input type="checkbox"/> Mummy and Me <input type="checkbox"/> One Step at a Time <input type="checkbox"/> Happy Mums, Happy Tots <input type="checkbox"/> Parenting Puzzle <input type="checkbox"/> First Aid <input type="checkbox"/> Baby Massage

### What is your desired outcome?

<b>Adult's name</b>	
<b>Date of birth</b>	
<b>Identifying gender</b>	
<b>Ethnicity</b>	
<b>Any additional needs (medical, educational, disability etc)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Phone number</b>	
<b>Email</b>	

<b>Number of adults in the family:</b>		<b>Number of children in the family:</b>	
<b>Name, date of birth and gender of the child/ren:</b>			

**If the course is for a child please complete:**

<b>Name</b>	
<b>Date of birth</b>	
<b>Identifying gender</b>	
<b>Ethnicity</b>	
<b>Relationship to adult</b>	
<b>School</b>	

**Is this a self-referral?** Yes / No

**If no, please provide referrer's details:**

<b>Referring organisation</b>	
<b>Name</b>	
<b>Job title</b>	
<b>Phone number</b>	
<b>Email</b>	

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

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## 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 adult or parent/carer or guardian with parental responsibility

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Date \_\_\_\_\_

Verbal consent is acceptable.

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### **To submit the form:**

Welcare provides a range of practical and emotional support services for 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](mailto:info@welcare.org) and for support in the East Surrey boroughs of Reigate & Banstead and Tandridge please return the form to [redhill@welcare.org](mailto:redhill@welcare.org) or by post to:

**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 to receive confirmation of receipt of your referral within 1 working week.

### **Data Protection**

Welcare is committed to protecting the personal information which you provide 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. These can be found at [www.welcare.org/policies](http://www.welcare.org/policies). Please contact us if you have any questions or queries by writing to:

**The Data Controller**  
**Welcare**  
**19 Frederick Crescent**  
**London**  
**SW9 6XN**