

Phone:	01442 300185	Email	bookings@supportinglinks.co.uk	Mobile:	07512 709556
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I am referring myself	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am referring someone else	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6 Week Course	<input type="checkbox"/> Talking Additional Needs	<input type="checkbox"/> Talking Teens	Course ID:	SL
	<input type="checkbox"/> Talking Families	<input type="checkbox"/> Talking Dads		
Workshop Plus Coaching	<input type="checkbox"/> Talking Pre-Teens	<input type="checkbox"/> Talking ASD/ADHD – The Teenage Years		
	<input type="checkbox"/> Talking Teens	<input type="checkbox"/> Talking ASD/ADHD – Sibling Struggles		
	<input type="checkbox"/> Talking Connection	<input type="checkbox"/> Talking ASD/ADHD – Transition and Change		
	<input type="checkbox"/> Talking Dads	<input type="checkbox"/> Talking ASD/ADHD – Responding to Anger		
	<input type="checkbox"/> Talking Resilience and Motivation	<input type="checkbox"/> Talking ASD/ADHD – Anxiety and Stress		
	<input type="checkbox"/> Talking Stress and Anxiety	<input type="checkbox"/> Talking ASD/ADHD – Tech Use		
	<input type="checkbox"/> Talking Tech	<input type="checkbox"/> Talking ASD/ADHD – Loss and Separation		

All personal information taken, for the purposes of making this booking, will be held securely in accordance with our GDPR Policy, a copy of which is available on request.

Parent/Carers Name			
Address			
Postcode			
Mobile Phone		Email	
Ethnicity	<input type="checkbox"/> White English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Any other White background		
	<input type="checkbox"/> Mixed or Multiple ethnic groups White and Black Caribbean, White and Black African, White and Asian, Any other mixed or multiple ethnic background		
	<input type="checkbox"/> Asian or Asian British Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background		
	<input type="checkbox"/> Black, African, Caribbean, or Black British African, Caribbean, Any other African or Caribbean background		
	<input type="checkbox"/> Other Ethnic Group Arab, Any other ethnic group		

Parent/Carer Needs			Brief Details:
Is there anything that we need to know about you that will help us to support you?	Communication and learning e.g. language, writing or reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mobility or physical issues e.g. vision/hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Emotional Wellbeing e.g. anxiety or mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Childrens Ages	1.	2.	3.	4.	5.	6.
Child with disability, SEN or additional need:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childs Needs Please include physical emotional and/or behavioural.						

Family Needs			Brief Details:
It helps us to know a little about why you are asking us for help. All information is treated with the strictest of confidence.	Risky behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Aggressive behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Addiction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	School attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parental conflict	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Boundaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Child with complex needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Abusive behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide any other information about your reason for referral here: e.g. What do you hope to gain or understand? What are you hoping to change?			
Existing Support			Brief Details:
Please tell us if you are receiving any support from these places already or have done so in the past year.	Childrens Services – Child Protection/Safeguarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Childrens Services – Early Help/Families First	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	School Family Support Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Family Centre Outreach	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CAMHS/Step 2 (for mental health)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CAMHS/Paediatrician (for ASD/ADHD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Health Visitor or School Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other (please state):	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please return your completed referral forms to: bookings@supportinglinks.co.uk

For Professional Referrals ONLY			Please confirm the date upon which you explained this to your client
To refer a client to our parenting courses, please first check the course you wish them to attend by looking on our website for our current course offers: http://www.supportinglinks.co.uk/whatson.html	I have have spoken to my client about this course and they are happy to attend	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	My client can attend all the sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If there is a history of drug/alcohol abuse, my client knows that they will not be allowed to attend the course if they arrive under the influence of any substance.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
	To help us be safe and appropriate please inform us if this family has a history of domestic abuse, drug and/or alcohol misuse or mental health issues.		
PLEASE SUBMIT SECURELY USING HERTS FX (PREFERABLY) OR PASSWORD PROTECTED			

Whilst we are happy to take your referral, the booking will only be finalised once we have spoken to the client. We will attempt to contact your client three times after which we will revert to you and ask that your client contacts us should they wish to attend a course. We only confirm bookings with the client themselves. You may wish to print this form to pass to your client, so they have the relevant information to confirm the booking.

For office use: Contact summary

Referral Received:		Client contact: attempts			
Course Booking taken:		Confirmation Email Sent:			
WS Plus Coach allocated:		Reminder:			