**BLGC Family Assist Referral Form**

**Family Assist Offers Short Term Family Support to parents and families who want help in getting back on track to look after themselves and keep the whole family safe. We work with Families to increase Knowledge, Skills, Confidence, and ability. Support could be around Finances, physical and mental wellbeing, employment, housing, behaviour, structures and routines, or general family relationships – Family must have Bolton Postcode and be open to Early Help.**

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| --- | --- |
| **Name of person making the referral** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Role of the person making the referral** | Click or tap here to enter text. |
| **Telephone numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Have you discussed the referral with the parent(s), and have they consented to the support and understand what the service is?** Choose an item.

**Does the Parent/Legal Guardian consent to this referral being made?** Choose an item.

**Family Information**

**Please note the Lead Family person will be the main parent/carer that we have contact with.**

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| **Lead Family First Name** | Click or tap here to enter text. |
| **Lead Family Surname** | Click or tap here to enter text. |
| **Lead Family DOB** | Click or tap to enter a date. |
| **Lead Family Phone Number** | Click or tap here to enter text. |
| **Lead Family Email** | Click or tap here to enter text. |

**Home Address:**

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| --- | --- |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

**Children’s Information**

**Please complete this for all children and other family members that live at the family home**

**Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Gender:** Choose an item. If other enter here: Click or tap here to enter text.

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Phone Number:** Click or tap here to enter text. **Email Address:**Click or tap here to enter text.

**Does the young person have any disabilities?** Choose an item.

**If yes, please details any disabilities you are aware that this young person has:** Click or tap here to enter text.

**Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Gender:** Choose an item. If other enter here: Click or tap here to enter text.

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Phone Number:** Click or tap here to enter text. **Email Address:**Click or tap here to enter text.

**Does the young person have any disabilities?** Choose an item.

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**Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Gender:** Choose an item. If other enter here: Click or tap here to enter text.

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Phone Number:** Click or tap here to enter text. **Email Address:**Click or tap here to enter text.

**Does the young person have any disabilities?** Choose an item.

**If yes, please details any disabilities you are aware that this young person has:** Click or tap here to enter text.

**Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Gender:** Choose an item. If other enter here: Click or tap here to enter text.

**Ethnicity:**Choose an item. **Religion:**Choose an item.

**Phone Number:** Click or tap here to enter text. **Email Address:**Click or tap here to enter text.

**Does the young person have any disabilities?** Choose an item.

**If yes, please details any disabilities you are aware that this young person has:** Click or tap here to enter text.

**Are any of the children a carer for other family members?** Choose an item. If yes, please list children’s name(s) details here: Click or tap here to enter text.

**Are any of the children a Looked After Child /Care Leaver?** Choose an item. If yes, please list children’s name(s) here: Click or tap here to enter text.

**Are any of the children a Refugee or Asylum Seeker?** Choose an item. If yes, please list children’s name(s) here: Click or tap here to enter text.

**If yes, please give country of origin:** Click or tap here to enter text.

**If yes, please give 1st language spoken:**Click or tap here to enter text.

**Are any of the children an unaccompanied minor?** Choose an item. If yes, please list children’s name(s) here: Click or tap here to enter text.

**School/Nursery/College/Details:**

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| **Please give details for each child:** |
| **Child’s Name**: Click or tap here to enter text.  Name of School/Nursery/College: Click or tap here to enter text.  Address including postcode: Click or tap here to enter text.  Main Contact number: Click or tap here to enter text.  Main Contact: Click or tap here to enter text.  Email: Click or tap here to enter text.  **Please tick all that apply to this child:**  EHCP  Special Education Needs  **Child’s Name**: Click or tap here to enter text.  Name of School/Nursery/College: Click or tap here to enter text.  Address including postcode: Click or tap here to enter text.  Main Contact number: Click or tap here to enter text.  Main Contact: Click or tap here to enter text.  Email: Click or tap here to enter text.  **Please tick all that apply to this child:**  EHCP  Special Education Needs  **Child’s Name**: Click or tap here to enter text.  Name of School/Nursery/College: Click or tap here to enter text.  Address including postcode: Click or tap here to enter text.  Main Contact number: Click or tap here to enter text.  Main Contact: Click or tap here to enter text.  Email: Click or tap here to enter text.  **Please tick all that apply to this child:**  EHCP  Special Education Needs  **Child’s Name**: Click or tap here to enter text.  Name of School/Nursery/College: Click or tap here to enter text.  Address including postcode: Click or tap here to enter text.  Main Contact number: Click or tap here to enter text.  Main Contact: Click or tap here to enter text.  Email: Click or tap here to enter text.  **Please tick all that apply to this child:**  EHCP  Special Education Needs  **Please add more if needed.** |

**Supporting Information for Referral – please complete with the Family**

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| **Please give details of the Lead Professional** | |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Does the family have a Social Worker or Family Support Worker?**  Choose an item.  **(If yes, please give details below)** | |
| **Name** | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **What are the families’ thoughts about this referral?**  Click or tap here to enter text. | |
| **What other services are involved with the family? Please list these, together with contact details.**  Click or tap here to enter text. | |
| **What are your reasons for referring this family for support?**  Click or tap here to enter text. | |
| **What do you see as the family’s strengths and resilience factors and what can we help them to build on?**  Click or tap here to enter text. | |
| **What specific areas of support do you feel the family need?**  Click or tap here to enter text. | |
| **Our service relies on the family being actively involved in planning their package of support. Do you feel the family are currently open to accepting help and support?**  Click or tap here to enter text. | |
| **Do you have any further information you think is relevant about the family with regards to physical health, emotional wellbeing and behaviour that would be helpful when building relationships?**  Click or tap here to enter text. | |
| **Are there any safety issues or risks we need to be aware of to keep the family and Family Assist Workers safe**?  Click or tap here to enter text. | |
| **Do the parents/carers of this family have any disabilities that we need to be aware of?**  Click or tap here to enter text. | |
| **Do the parents/carers of this family have any support needs or barriers that we need to be aware of? For example, speech or language.** Click or tap here to enter text. | |

**Storing data**

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| **The below details must be completed by the person with parental responsibility.** |
| Personal and Sensitive Data  By referring this family, you confirm, and can demonstrate on request, that you have gained explicit consent to provide Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, and the family about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination, and support of Bolton Lads & Girls Club   Where there is a need to protect or support the family, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. |
| Your name:Click or tap here to enter text. Signature: Click or tap here to enter text.  If you have an electronic signature, please paste in the box below:  Choose a building block.  Date:Click or tap to enter a date. |

**What happens next?**

*Email to* [*families@blgc.co.uk*](mailto:families@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: The family including the children have access to this form***