

Office use only

Referral no:

Date received:



SELF REFERRAL FORM

A. Family Details

Main carer surname: surname	Forename: forename	Date of birth: dd/mm/yyyy
Home address: address	Postcode: postcode	
Main telephone number: phone	Email: email	
Immigration status: <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee	Ethnicity: ethnicity	
English spoken/understood by main carer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, we are unlikely to be able to support the family	Other language spoken? language	
Name of partner living in household (if applicable): name	Date of birth: dd/mm/yyyy	
Name(s) of other adults living in household: name	Previous Home-Start support? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Child's surname:	Forename:	Date of birth:	Gender:	Addtl needs/disability:
1	surname	forename	dd/mm/yyyy	select	please describe
2	surname	forename	dd/mm/yyyy	select	please describe
3	surname	forename	dd/mm/yyyy	select	please describe
4	surname	forename	dd/mm/yyyy	select	please describe
5	surname	forename	dd/mm/yyyy	select	please describe

B. Reason For Referral- Please tell us how you would like Home-Start to help your family? E.g., social isolation, groups, volunteer support, respite, coping with multiple children under 5, coping with own physical/mental health, coping with child(ren)'s physical/mental health. This helps us identify appropriate support measures to introduce.

C. Family needs- So that we offer the most appropriate type of support

Please tick those boxes which apply.

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Perinatal | <input type="checkbox"/> Postnatal depression | <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Young parent | <input type="checkbox"/> Lone parent | <input type="checkbox"/> Learning disability | <input type="checkbox"/> English not first language |
| | <input type="checkbox"/> Substance misuse | <input type="checkbox"/> Disability | <input type="checkbox"/> Other please specify |

D. Additional information

Are there any health & safety issues that we need to consider when placing a volunteer with this family? E.g. pets, access to house.	please describe
How did you hear about Home-Start Lorn??	please describe

HOW TO SUBMIT THIS FORM

Please email referrals to: laura@homestartlomond.org.uk

Data Protection The information provided in this form will be held in confidence but may be shown to the family if requested. Information provided by the referrer and the family will be uploaded to our secure cloud-based database and used only for the purpose of providing support, with the family's additional consent for signposting to other service providers. Our data protection policy will be explained to the family, and consent obtained, at our initial visit. We will seek the ongoing consent of the family as our support continues in compliance with GDPR. Consent for storage of data may be withdrawn at any time by contacting us in writing.