 

**FAMILY SUPPORT HUB REFERRAL FORM**

**ALL INFORMATION MUST BE COMPLETED IN FULL TO ENSURE FAMILIES ARE SIGNPOSTED TO THE APPROPRIATE SERVICE**

**ANY FORMS RECEIVED WITH MISSING INFORMATION WILL BE RETURNED TO REFERRER FOR COMPLETION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Referrer Details*** | | | | | | | | | | | | | | | |
| **REFERRER NAME** | | |  | | | | | | **DATE OF REFERRAL** | | | | |  | |
| **REFERRAL AGENCY** | | |  | | | | | | **ADDRESS** |  | | | | | |
| **DESIGNATION** | | |  | | | | | |  | | | | | |
| **TEL** | | |  | | | | | | **EMAIL** |  | | | | | |
| **Hub Locality (Tick)** | | | Armagh & Dungannon | | | |  | | Craigavon & Banbridge | | |  | | Newry & Mourne |  |
| ***Family Details*** | | | | | | | | | | | | | | | |
|  | | | **Mother** | | | | | | | | | **Father** | | | |
| **Name** | | |  | | | | | | | | |  | | | |
| **Address** | | |  | | | | | | | | |  | | | |
| **Postcode** | | |  | | | | | | | | |  | | | |
| **Tel No** | | |  | | | | | | | | |  | | | |
| **Parent’s Date of Birth** | | |  | | | | | | | | |  | | | |
| **Disability Yes/No**  **Please state type** | | |  | | | | | | | | |  | | | |
| **Ethnicity** | | |  | | | | | | | | |  | | | |
| **Name of Child/ren requiring service** | | | **M/F** | | | **DOB** | | **Disability Y/N ?**  **If yes ,state type** | | | | | **School** | | | |
|  | | |  | | |  | | **Y/N** | | | | |  | | | |
|  | | |  | | |  | | **Y/N** | | | | |  | | | |
|  | | |  | | |  | | **Y/N** | | | | |  | | | |
|  | | |  | | |  | | **Y/N** | | | | |  | | | |
| **Ethnicity** |  | | | | **Language Needs (interpreter required)** | | | | | | |  | | | |
| **GP Details** | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Details of Family Background – including other siblings, significant family members.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **State main presenting reason for referral to Family Support Hub** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Other organisations known to be involved with the family and support services received and/or declined to date by family** | | | | | | | | | | | | | | | |
| **shapes.pngOutline *specific* type of support being sought** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Consent (Please note the referral cannot be considered unless signed consent is provided)**  I consent to this information being shared at a meeting of core hub members with the purpose of agreeing suitable supports for me/ my family. The Family Support Hub referral process has been explained to me and an information leaflet provided.  **You may also wish to view the Southern Trust Family Support Hub DVD via the following link:**  <https://vimeo.com/216493917> | | | | | | | | | | | | | | | |
| **Parent** | | | | | |  | | | | | | | | Date: | |
| **Parent** | | | | | |  | | | | | | | | Date: | |
| **Young person (if over 16 yrs.)** | | | | | |  | | | | | | | | Date: | |
| ***This form can be returned by post or email to the Family Support Hub in your locality.*** | | | | | | | | | | | | | | | |
| **ARMAGH/ DUNGANNON HUB**  Pat McGeough  Young People’s Partnership  Barnardos  39a Abbey Street, Armagh,  BT61 7DY  b_logo_northernireland.gifTel: 02837522380  Email: familysupporthub@barnardos.org.uk | | | | **PORTADOWN/ CRAIGAVON/**  **BANBRIDGE HUB**  Lisa Grant/Ronan Garvey  Early Intervention Services  (NIACRO)  26 Carleton Street, Portadown  Co Armagh, BT62 3EP  Niacro_logo_2tr.jpgTel: 02838331168  **Email:** familysupporthub@niacro.co.uk | | | | | | | **NEWRY & MOURNE HUB**  Jacinta Linden  SPACE  24 Monaghan Street,  Newry, BT35 6AA  SPACE-final-logo-3.pngTel: 02830835764  Email:  familysupporthub@space-ni.com | | | | |