 

**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**

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| ***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 McGeoughYoung People’s PartnershipBarnardos39a Abbey Street, Armagh, BT61 7DYb_logo_northernireland.gifTel: 02837522380Email: familysupporthub@barnardos.org.uk | **PORTADOWN/ CRAIGAVON/** **BANBRIDGE HUB**Lisa Grant/Ronan GarveyEarly Intervention Services(NIACRO)26 Carleton Street, PortadownCo Armagh, BT62 3EPNiacro_logo_2tr.jpgTel: 02838331168**Email:** familysupporthub@niacro.co.uk | **NEWRY & MOURNE HUB**Jacinta LindenSPACE24 Monaghan Street,Newry, BT35 6AASPACE-final-logo-3.pngTel: 02830835764Email:familysupporthub@space-ni.com |