

**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**

<i>Referrer Details</i>					
REFERRER NAME				DATE OF REFERRAL	
REFERRAL AGENCY				ADDRESS	
DESIGNATION					
TEL				EMAIL	
Hub Locality (Tick)	Armagh & Dungannon		Craigavon & Banbridge		Newry & Mourne
<i>Family Details</i>					
	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	

Ethnicity		Language Needs (interpreter required)	
GP Details			
<b>Details of Family Background – including other siblings, significant family members.</b>			
<b>State main presenting reason for referral to Family Support Hub</b>			
<b>Other organisations known to be involved with the family and support services received and/or declined to date by family</b>			
<b>Outline <i>specific</i> type of support being sought</b>			

## CONSENT

### Consent to hub referral

**(Please note the referral cannot be considered unless explicit consent has been given )**

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. I understand that my consent is voluntary and if at any stage of the process I wish to withdraw my consent I can do so, by contacting the hub coordinator in my area, details below.

### Data Protection consent

The information you provide on this form will be held electronically for up to 3 years. We will take all steps necessary to ensure that this is securely held/archived/destroyed . You have the right to request a copy of the information that the respective Southern Family Support Hub holds on you. To do so, either you or an authorised third party must request this in writing to:

Data Protection Officer, at the appropriate hub organisation address outlined below .

Parent		Date:
Parent		Date:
Young person (if over 16 yrs.)		Date:

### **NOTE for referrers:**

**Where there is no signed parental consent you are required to sign to confirm that you have informed the family of the hub process and that the parent is consenting to the sharing of the information included on this form**

Referrer Name		Date
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***This form can be returned by post or email to the Family Support Hub in your locality.***

<b><u>ARMAGH/ DUNGANNON HUB</u></b>	<b><u>PORTADOWN/ CRAIGAVON/ BANBRIDGE HUB</u></b>	<b><u>NEWRY &amp; MOURNE HUB</u></b>
Pat McGeough Young People's Partnership Barnardos 39a Abbey Street, Armagh, BT61 7DY  Tel: 02837522380  Email: familysupporthub@barnardos.org.uk	Lisa Grant/Ronan Garvey Early Intervention Services (NIACRO) 26 Carleton Street, Portadown Co Armagh, BT62 3EP Tel: 02838331168  Email: familysupporthub@niacro.co.uk	Jacinta Linden SPACE 24 Monaghan Street, Newry, BT35 6AA  Tel: 02830835764  Email: familysupporthub@space-ni.com



You may wish to view the Southern Trust Family Support Hub DVD via the following link:

<https://vimeo.com/216493917>