|  |  |  |  |
| --- | --- | --- | --- |
| **1. REFERRER DETAILS** | | | |
| **Name of Referrer** | Click or tap here to enter text. | **Date of referral** | Click or tap to enter a date. |
| **Address** |  | **Post Code** |  |
| **Email Address** | Click or tap here to enter text. | **Phone Number** | Click or tap here to enter text. |
| **Referrer’s agency/organisation:**  Click or tap here to enter text. | | | |

**Referral Form for SEND in Mind – Family Support  
\*Pls note that family can self-refer to SEND in Mind Family Support Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. FAMILY INFORMATION** | | | | |
| **PRIMARY CARER 1** | |  | **SECONDARY CARER 2** | |
| Name |  | Name |  |
| Telephone |  | Telephone |  |
| Date of Birth |  | Date of Birth |  |
| Address and postcode |  | Address and postcode |  |
| Relationship to child |  | Relationship to child |  |
| Lone parent | **Yes/No** | Lone parent | **Yes/No** |
| Ethnicity |  | Ethnicity |  |
| First Language |  | First Language |  |
| Do you require an interpreter? |  | Do you require an interpreter? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILDREN** | | **Gender** | **Disability/Health needs** | **Special Educational Needs** |
| **Child 1** | Name: | M / F | Yes / No | Yes / No |
| Date of Birth: |  |  |  |
| Ethnicity: |  |  |  |
| Name of Nursery/School |  | | |
| **Child 2** | Name: | M / F | Yes / No | Yes / No |
| Date of Birth: |  |  |  |
| Ethnicity: |  |  |  |
| Name of Nursery/School |  | | |

|  |  |
| --- | --- |
| Details of Special Educational Need or Disability | Click or tap here to enter text. |

|  |
| --- |
| **3. REASON FOR REFERRAL:** |
| Please provide a brief description of the family’s situation, challenges, and specific areas where support is needed: |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **4. CONSENT** | |
| I confirm that I have obtained consent from the family mentioned above for this referral and for their information to be shared with the SEND in Mind Family Support Service. Information you share with us is confidential between you and our service. The only time we will break this confidentiality is if we are concerned that there is a serious risk of harm to you or someone else. We store information on our Database system. This is confidential and cannot be accessed by anyone outside of our service. We do share anonymous information with statutory bodies that monitor our performance. This information may include details on the number of people we see, what type of support they receive and for how long. This does not include your name, address, contact details etc. | |
| **Referrer’s Name** |  |
| **Referrer’s position** |  |
| **Signature** |  |
| **Date** |  |

Upon receiving the referral form, our team will review it and contact the family to schedule an assessment and discuss the support options available.