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| **Freedom Group Referral – Internal Partners***All completed External Referral forms to be sent to; CFSGroups@NCTrust.co.uk*  |
| **Date of Referral:**  | **Virtual** | **Face to Face*****(Please note that some programmes are still currently only available online)*** |
| **Programme Choice:***(Please cross the programme of choice)* | Morning [ ]  | Blackthorn Family Hub [ ]  |
| Afternoon [ ]  | Daventry Family Hub [ ]  |
| Evening [ ]  | Wellingborough Family Hub [ ]  |
| Flexible [ ]  | Kettering Family Hub [ ]  |
| **Reason for Referral** |
|  |
| **Referrers Details** |
| **Referrers Name:** |  |
| **Referrers Position:** |  |
| **Agency/School Name:** |  |
| **Address:** |  |
| **Referrers Contact Number:** |  |
| **Referrers Email:** |  |
| **Questions to be answered – *Note: Parents signature/email required with referral*** |
| ***Please tick the relevant boxes to the following questions;*** | **Yes** | **No** |
| **Has the Parent/Carer consented to the referral?** | [ ]  | [ ]  |
| **Has the Parent/Carer consented to be contacted directly?** | [ ]  | [ ]  |
| **Is it safe to contact the parent/carer on the number given?** | [ ]  | [ ]  |
| **Has a DASHH been completed with the participant? If so, what was the score?** | [ ] **Score:** | [ ]  |
| **Are there any identified risks for the participant or their children? If so, is a safety plan in place? Please detail** | [ ] **Safety plan details:** | [ ]  |
| **Is there a social worker involved? If so please supply details** | [ ] **Social Workers Name;****Contact Number;****Email address;** | [ ]  |

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| **Family Details** | **Office use only** |
| ***Participants details*** | **Title** | **First Name** | **Surname** | **DOB** | **CAPITA I.D** |
| **Name**  |  |  |  |  |  |
| **Address**  |  |
| **Contact Number** **(Please state if not safe to contact on this number)** |  | **Safe**[ ]  | **Unsafe**[ ]  |
| **Safe Email to send any correspondence to (Please state if not safe to contact via email)** |  | **Safe**[ ]  | **Unsafe**[ ]  |
| ***Children’s Details;*** | **Gender** | **First Name** | **Surname** | **DOB** | **CAPITA I.D** |
| **1st Child’s Name** |  |  |  |  |  |
| **2nd Child’s Name** |  |  |  |  |  |
| **3rd Child’s Name** |  |  |  |  |  |
| **4th Child’s Name** |  |  |  |  |  |
| **5th Child’s Name** |  |  |  |  |  |
| **Children’s Main Registered Address** |  |
| **Consent Signatures*****Please note: If parent/carer is unable to sign the form then the below GDPR statement should be pasted into an email by the parent/carer confirming their agreeance to this.*** ***This MUST then be attached & sent along with this referral form – without this the referral form will be declined.*** |
| **Parent / Carer Signature** |  |
| **Date Signed** |  |
| **Parent / Carer Signature** |  |
| **Date Signed** |  |
| **GDPR Statement** | ***The data provided will be held securely on NCT/WNC/NNC*** ***systems and used to meet Local Authority statutory duties and to ensure that it can deliver the right services at the right time. I consent to the processing of my personal data for the purposes of the provision of virtual group work delivery.******To find out how we, collect, store and handle your personal information and what your information rights are, please see our Privacy Notices at*** [***https://www.nctrust.co.uk/privacy-notice/Pages/default.aspx***](https://www.nctrust.co.uk/privacy-notice/Pages/default.aspx)***. If you are unable to access the Trust’s website, a copy of the relevant Privacy Notice can be provided on request.*** |
| cid:image005.png@01D73AAB.25168350 |
| **Office Use Only** |
| **Name of Person Receiving Referral** |  |
| **Date Referral Received** |  |
| **Waiting List Date Assigned To** |  |
| **Assigned Facilitator/s** |  |
| **Date Assigned to Facilitator/s** |  |