SAFE FAMILIES- request for approval to make a referral

Please remember to make a copy - this is the template

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| --- | --- |
| Family Name(s)  |  |
| ICS/EHM number |  |
| Brief details of reason for referral to Safe Families |  |
| Your name & role |  |
| Your contact details(email and phone) |  |
| Your locality |  |
| ***Family Consent: Please tick to confirm that the family has given consent for a referral to Safe Families*** |   |

**Please send the completed form to Simon Slade**

 **(Simon.Slade@northumberland.gov.uk).**

**If approved, you will be sent a link to Safe Families referral document along with an authorisation code**