SAFE FAMILIES-

request for approval to make a referral at Safe Families Virtual Referral Clinic

Please remember to make a copy - this is the template

|  |  |
| --- | --- |
| 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 |  |

**Please send the completed form to Lynne Maughan (lynne.maughan@northumberland.gov.uk).**

**If approved, you will be sent a calendar invitation to attend a virtual referral clinic for the following Monday between 2pm & 5pm (cut off previous Thursday- requests received on Fridays will fall into the next week) to discuss your referral with Stacey Nicholas from Safe Families and Lynne Maughan. You will be informed at this clinic if Safe Families accept your referral and any timescales**

**For admin use only**

|  |  |
| --- | --- |
| **LM- approved for ref clinic?** |  |
| **DL- appt on calendar and sent** |  |
| **Copied to referrer** |  |
| **Copied to Stacey & LM** |  |