



## **Referral Form**

Is this a re-referral?

Please note: All parties must consent to their details being passed on.

Date of this referral

				Yes □	No□	
Family Name:		Forenames	3:			
Gender: Male □	Female □	D.O.B				
Ethnicity:						
Is Communication	Support Needed? Yes	$\square$ No $\square$				
Address:						
	Postcode:					
	different from above:					
	Telephone Number:					
Email address						
Service Requested	l:					 

Personal Details of the Referred

Name: Address:		-					
	Postcode:		D.O.B				
Preferred Contact Number: Tel:							
Has this party requested	I the service?	Yes□.	No □.	Don't Know □			
Name:							
Address:							
	Postcode:		D.O.B				
Contact Number:	Tel:		Mob:				
Has this party requested	I the service?	Yes□.	No □.	Don't Know □			
Name: Relationship to Referred Person:							
Address:							
	Postcode:		D.O.B				
Contact Number:	Tel:		Mob:				
Has this party requested	I the service?	Yes□.	No □.	Don't Know □			
Name:		Relationship to	Referred Person:	·			
Address:							
	Postcode:		D.O.B				
Contact Number:	Tel:		Mob:				
Has this party requested	I the service?	Yes□.	No □.	Don't Know □			

Personal Details of the other Parties Involved

Reason for Referral. (Please give as much detail as possible)				

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Defermed by						
Referred by:						
Name:						
namo.						
Position:						
Agency:						
лу <del>с</del> поу						
Address:						
Contact Details:	Tel:					
_						
N	Mob:					
Secure e-mail address: .						
<del>-</del>						
The referred person has been informed that the information they have provided will be held and only shared with others in accordance with the conditions of the Data Protection Act 2018.						
Shared with others in accordance with the conditions of the Data Fiotection Act 2010.						
Signed: (person making refer	rral)	Name of Person Signing	Date			
Signed:		Name of Person Signing	Date			
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Parents' Aid is currently delivering all services remotely and this is likely to continue. Please be aware when making this referral that we will need to meet with and support all clients online and ensure that the case in question is appropriate for remote engagement.

Please send the completed form to:

Hazel Davies,
Organising Secretary,
Parents' Aid,
11, Sonters Down,
Rettendon,
Chelmsford,
Essex CM3 8EU

Or e-mail to: info@parents-aid.org.uk or hazeldavies99@yahoo.co.uk

It should be explained that the information may be shared with other agencies within the requirements of the Data Protection Act, if it is considered in their best interests to do so, for example in matters relating to child protection.

As from April 2022:-

## Fees and donations

Families at risk of social exclusion are always welcome to self-refer to Parents' Aid free of charge. However, we are a small charity, currently without government funding, and as such welcome donations. Our bank details are:-

PARENTS AID (SOUTHERN ESSEX) - Co-operative Charity and Community Bank Account number 67405240-00 Sort code 08-92-99

As from April 2022, our Management Committee has decided that Parents' Aid will accept Local Authority referrals on the understanding that every family will receive a free intake meeting but that, where the family commits to a particular package of services, the Local Authority will pay £75 towards the cost. Should the family require ongoing support after an initial six sessions, this support will be costed at a rate of £10 per hour and the Local Authority in question invoiced for this charge.

Should the Local Authority delegate the parents to fund the referral fee (with their consent) and payment not be made within 10 days from the date of issue of the invoice, liability for the £75 referral fee will revert to the Local Authority.

Services will of course continue without charge to families self-referring. For the purposes of clarity, a self-referral requires the client to take the initiative in approaching Parents' Aid - possibly after signposting - and this form will therefore not be needed.