

Referral Form

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

Date of this referral	Is this a re-referral? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Family Name: Forenames:

Gender: Male ☐ Female ☐ D.O.B.....

Ethnicity:

Is Communication Support Needed? Yes ☐ No ☐

Address:

..... Postcode:

Current Address if different from above:

..... Postcode:

Preferred Contact Telephone Number:

Email address.....

Service Requested:

Personal Details of the Referred

Name:		Relationship to Referred Person:	
Address:			
.....	Postcode:	D.O.B.....	
Preferred Contact Number:	Tel:		
Has this party requested the service? Yes <input type="checkbox"/> . No <input type="checkbox"/> . Don't Know <input type="checkbox"/>			
<hr/>			
Name:		Relationship to Referred Person:	
Address:			
.....	Postcode:	D.O.B.....	
Contact Number:	Tel:	Mob:	
Has this party requested the service? Yes <input type="checkbox"/> . No <input type="checkbox"/> . Don't Know <input type="checkbox"/>			
<hr/>			
Name:		Relationship to Referred Person:	
Address:			
.....	Postcode:	D.O.B.....	
Contact Number:	Tel:	Mob:	
Has this party requested the service? Yes <input type="checkbox"/> . No <input type="checkbox"/> . Don't Know <input type="checkbox"/>			
<hr/>			
Name:		Relationship to Referred Person:	
Address:			
.....	Postcode:	D.O.B.....	
Contact Number:	Tel:	Mob:	
Has this party requested the service? Yes <input type="checkbox"/> . No <input type="checkbox"/> . Don't Know <input type="checkbox"/>			

Personal Details of the other Parties Involved

[illegible]

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.