

(office use only)	
Family No:	CL No:
Date Referral Received:	

Home-Start Surrey Heath - REFERRAL FORM

- Please note that all referrals must be made with the consent of the family, and have at least one child under 5.
- To enable your referral to be processed please ensure that all parts of the form are completed. If we do not receive a fully completed form we will not be able to process the referral.
- We will respond to you within two weeks to tell you about the progress of this referral. We will remain in touch if support is offered to this family and will contact you when the support ends.

Please return this form to:

Home-Start Surrey Heath, Unit 1, Plantation Row, Camberley, GU15 3ER

office@home-startsurreyheath.org.uk Tel: 01276 681121

Family Primary Carer	
Surname	Forename
Family Address/Contact Information	
House No	
Road Name	
Town	
County	
Postcode	
Telephone Number	Mobile:
Email Address	
Referred By	
Name	
Role	Agency
Address	
Postcode	Telephone Number
Email Address	

Health Visitor Information (if not referrer)					
Health Visitor Name					
Address					
Contact Number					
Email Address					
GP Information (if not referrer)					
GP Name					
Surgery Address					
Telephone Number					
Risk Assessment/Safeguarding					
Have you visited the family Home? (Please circle)				YES	NO
Are there any Health & Safety issues we need to consider when placing a volunteer with the family? (Please circle)				YES	NO
If YES Please give details.					
Has an Early Help Assessment been completed or have the family/child been referred to the Early Help Hub? (please circle)				YES	NO
If YES, Lead Professional Name:					
Agency:		Telephone Number:			
Email:					
Is the family known to Surrey Children's Services? (please circle)				YES	NO
If YES please tick and give further details below.					
CiN/CP Assessment being undertaken	Child In Need Plan	Child Protection Plan	Looked after child	Early Help Plan	
Surrey County Council (SCC) Level of Needs (please circle if known)					
https://www.surreyscb.org.uk/2019/01/25/surrey-effective-family-resilience-in-surrey-including-levels-of-need/					
EARLY HELP Level 2 (no TAF/EHP)	EARLY HELP Level 2 (with TAF/EHP)	TARGETED HELP Level 3 (TAF/EHP)	SPECIALIST Level 4 Child In Need	SPECIALIST Level 4 Child Protection	
Any other safeguarding information?					
Are there any other professionals involved? If YES, please give details:					

Please provide details of ALL people resident in the household – if a parent does not live in the household but their relationship is significant please add and indicate this.

Adults that live with the children				Children				
	Mother/Partner	Father/Partner	Other Adult(s) living in household (e.g. grandparent)	C1	C2	C3	C4	C5
Please complete all white boxes for each adult/child								
Surname								
Forename								
Gender (M=Male F=FEMALE)								
Date of Birth								
Marital Status								
Ethnic Group (see codes)								
Please tick any that apply and provide further information								
SEND/Disabilities								
Young Parents				Asian or Asian British Bangladesh = B Chinese = C Japanese = J Pakistani = J Black or Black British African = BA Caribbean = BC Arab = A Other Black Background = OB Mixed White & Asian = WA White & Black Asian = WBA White & Black Caribbean = BC Other Mixed Background = OMB Do not wish to disclose = DNW White British = WB Eastern European = EE European = E Gypsy or traveller = GT Irish = I Other White Background = OWB				
Domestic Abuse – past/present								
Emotional health issues								
Lone parent								
Substance abuse								
Mental health issues								
Post-natal depression								
Refugee								
Multiples								
				Please provide any additional information here: 				

FAMILY NEEDS

To ensure that Home-Start is the correct service for the referred family, please complete the following table. Once we have agreed to support the family this information together with further details provided by the family will ensure that we can offer the most appropriate support and will be used to monitor our services.

	✓	Please provide details of the need and how Home-Start may be able to help.
1 Managing the child(ren)'s behaviour		
2 Being involved in the child(ren)'s development		
3 Coping with own physical health		
4 Coping with own mental health		
5 Coping with feeling isolated		
6 Parent's self-esteem		
7 Coping with child's physical health		
8 Coping with child's mental/ emotional health		
9 Managing the household budget		
10 The day-to-day running of the house		
11 Stress caused by conflict in the family		
12 Coping with the extra work caused by multiple birth/multiple children		
13 Use of services		
14 Other (please describe)		



Please add any background information that you think we would find useful on a continuation sheet if relevant.

In order to process this referral consent must be given for this information to be processed lawfully under the GDPR guidelines. A privacy notice is available to view at www.hseeb.org.uk

Have you discussed this referral with the family prior to completing this form and gained consent to pass their details onto HSEEB? YES / NO (please circle)

Referrer's signature	Date	Parent's signature	Date
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If you have any issues or concerns about the referral process, or the support for the family please contact us
Home-Start Surrey Heath, Unit 1, Plantation Row, Camberley, Surrey, GU15 3ER Tel: 01276 681121 Email: office@home-startsurreyheath.org.uk