**Family Lives Referral Form**

Please note that all referrals must be made with the consent of the family. Have you discussed this referral with the family and obtained their consent to make the referral? YES ☐ NO ☐

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY DETAILS** | | | |
|  | **First name** | **Family Name** | **DOB** |
| **Parent/Carer 1** |  |  |  |
| **Parent/Carer 2** |  |  |  |
| **Child 1** |  |  |  |
| **Child 2** |  |  |  |
| **Child 3** |  |  |  |
| **Child 4** |  |  |  |
| **Tele** | | **Is it OK to leave a message: YES / NO** | |
| **Email** | | **Address inc. post code** | |
| **Reason for referral:** | | | |
| **Preferred Availability for Support**  **Day of the week**  **Daytime**  **Evening** | | | |

|  |  |
| --- | --- |
| **REFERRER DETAILS** | |
| **Name** | **Date of Referral** |
| **Email** | **Tele** |
| **Agency & Role** | |

|  |  |
| --- | --- |
| **PREFERRED SERVICE** | |
| **Individual Telephone Support** ☐ | **Online Parenting Group** ☐ |
| **For Lone Parent/Carer** ☐ | **For Parent/Carer of Child with SEN** ☐ |

**SERVICE INFORMATION**

**Online therapeutic in depth individual support** is for parents who may be struggling and need emotional regulation, coping strategies and the ability to build protective networks and structures. Parents will be allocated a named practitioner and receive up to 6 sessions, lasting 45 minutes each, at a prearranged and regular time each week and receive weekly session notes if they wish.

**Raising Confident Children** and **Raising Confident SEN Children group programmes** comprise 6 x 2 hour online sessions for a maximum of 10 participants.

Details on this form will be kept strictly confidential within Family Lives and will only be used to work with clients and for our evaluation systems.

**Please return the form password-protected to:** [**services@familylives.org.uk**](mailto:services@familylives.org.uk)

**Call 0204 522 8700 or 8701 for further information**

**FOR OFFICE USE ONLY**

**Date Received:**