***Referral/registration Form for Prevention Group Work and Pre-referral Checklist (also used for consent for ELDP and Access & Take Up)***

We require all professional referrers to confirm the following tasks BEFORE submitting this referral to their appropriate Family Hub.

CYGNET referrals should be sent to:parenting@bradford.gov.uk

 I have discussed this referral and the specific group with the parent (s)

 I have shared with the parent(s) the Quick Guide for the specific group I am referring them to

 I have the parent(s)/relevant family members signed consent below.

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| **Date form completed** |  |
| **Reason for Referral** | **Group Work (Please complete section below)** | **Access & Take Up**  | **WellComm**  | **ELDP (Please complete section below)** |
| **GROUP WORK** | **TICK WHICH GROUP BELOW** |
| **Family Links Programme** |  |
| **Welcome to the World** |  |
| **Time out for Dads** |  |
| **Freedom Programme** |  |
| **DICE** |  |
| **HENRY Programme** |  |
| **Talking Teens** |  |
| **Cygnet Please tick to confirm a diagnose is in place:**  |  |
|  |  |
| **ELDP** | **Venue (If Target Group)** | **Start Date** | **Time** | **To be added to the Waiting List** |
| **ELDP Target Group**  |  |  |  |  |
| **Play in the Home** |  |  |  |  |
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| **Name of main parent completing form (if self-referral) or subject of the referral.** ***Please also state if the main parent is also known by any other names?*** |  | **Main parent’s contact phone number** |  |
| **Main parent’s date of birth** |  | **Main parent’s email address** |  |
| **Main parent’s ethnicity** |  |
| **Present family address**  |  | **Family present address postcode** |  |
| **Other recent addresses** |  |
| **Name, job title and address of person making this referral** |  | **Referrer main contact number** |  |

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| **Family information** |
| **First name** | **Last name** | **Relationship to parent** | **Date of birth***dd/mm/yyyy* | **Ethnicity***Please see options below* | **School child attends or is parent working?** | **Known health issues** *Disability / MH / No dentist/GP?* |
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**Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian/British Asian** | **Black/Black British** | **Mixed** | **Other** | **White** |
| Bangladeshi | Other | African | White/Asian | Chinese | British | Eastern European |
| Pakistani |  | Caribbean | White/Black African | Other | Irish | Other |
| Indian |  | Other | White/Black Caribbean | Refused | Traveller of Irish Heritage |
|  |  |  |  |  |  |
| **What is working well?** | **What are you worried about?** | **What needs to be done?** |
|  |  |  |
| **Use of personal information**If you would welcome support for your family, then we need your agreement for agencies to co-ordinate any support you may need through sharing information about your family with them. This could include the following agencies: Children’s Specialist Services, Schools, Police, National Probation Service, Community Rehabilitation Company, Youth Offending Team, Department of Work and Pensions (including contracted work programme providers), Incommunities, Families First Commissioned Services, your GP, Health Visitors, School Nurses, Family Hub, and Stronger Families. Information will also be shared with Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), for the purpose of helping to provide a good service to your family, and researching and planning improvements to services for children and families.We collect and process personal and sensitive information in accordance with the General Data Protection Regulation. This information may include details about you/your children’s health including NHS Numbers, education and UPN Numbers, welfare and development, home or family circumstances. We use this information:* To help us work with you to provide an effective service
* To help us improve services through research and planning

In some cases, information may be shared between agencies without consent; for example, where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, we will discuss this matter with you. Reasons for this are:* If it is believed that a child’s/adult’s safety or welfare is at immediate risk
* Where it is required to do so by law because of a criminal activity /drug trafficking offences
* Should you or your child fall ill during contact with the service and relevant information needs to be given to a medical professional

**Consent for information storage and information sharing**The reasons for sharing information have been explained to me. I give my permission for Bradford Council to obtain personal and /or sensitive information about me and my family for the purposes set out above and agree to my information being shared with and for Prevention and Early Help/Families First/Social Work services. My explicit consent is freely given, fully informed and I understand that it can be withdrawn at any time. I have been given the opportunity to ask any questions in relation to this referral and the information about me that will be shared and that I can request an update at any time. I have the right of access to personal information held about me and my children and can request this by making an application in writing.This completed form will be retained by Bradford Council. Information will be stored on a secure electronic system and shared with other organisations as appropriate, and only communicated by secure means. It will be destroyed in accordance with data protection principles and Bradford Council retention policy***.*** Read our full [Privacy Notice](https://www.bradford.gov.uk/open-data/data-protection/prevention-and-early-help-privacy-notice/).If you are the Parent/Carer you are also giving your permission to share personal information about young people (under 16) in your care. **Please ensure that consent is clearly documented below BEFORE submitting this form** |
| **Parent(s)/ Carer(s)** | **Signature** | **Date** |
| **Young Person(s)** | **Signature** | **Date** |

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| **FOR OFFICE USE ONLY** |
| **Date Inputted:** |  | **Worker Inputting (Initials):** |  | **Form Scanned:** |  | **Form Uploaded to Family File:** |  | **Form Returned to Prevention Senior:** |  |