

### Referral form for Families First Accredited Group Work Programmes

District (please circle)	Cannock, East Staffordshire, Lichfield, Stafford, Staffordshire Moorlands, Newcastle, South Staffordshire, Tamworth		
Organisation Name of referrer			
Contact number or email or referrer			
Which course are you making a referral too?			
<b>(Referred individual)</b> Parent/Adults name and DOB	Name:	DOB	
Address			
National Insurance number—needed to register parent on course to confirm identity			
Child/ren’s name and DOB (All within the household)			
School/Preschool Attended			
Relationship of parent/adult to child (if attending a family course)			
Has the parent/adult given consent to the referral being made?	Yes / No	If yes please specify which:	
Can the parent/adult be contacted directly regarding arrangements for the course?	Yes / No	Telephone number:	
What would you like the individual/family to gain from the course? What would be helpful for us to know? Which outcome from your plan are you hoping to achieve?			
Does end of course feedback need to be provided to professionals?	Verbal	Email	Letter

Ethnic Background	White British	White and Black Caribbean	Indian	Caribbean
(Please Tick)	White Irish	White and Black African	Pakistani	African
	Traveller of Irish Heritage	White Asian	Bangladeshi	Other Black
	White Gypsy / Roma	Other Mixed	Chinese	Any Other
	Other White		Other Asian	Prefer not to say

Disability (Please Tick)	Physical Disability	Learning Disability	Other	None
Please Specify:				