DRAGONFLIES REFERRAL FORM

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| Date of referral: Initial contact date: | | | | | | | |
| Child/young person’s name: | | | | | | | |
| Family ID Number: | Child ID Number: | | | | | Re-referral? Y/ N | |
| DOB: | Age: | | | | | Gender: | |
| Main Parent/Carers Name: | | | | | Parent/Carers 2 Name: | | |
| Address: | | | | | Address: | | |
| Post Code: | | | | | Post Code: | | |
| Tele No: | | | | | Tele No: | | |
| Mobile: | | | | | Mobile: | | |
| Email: | | | | | Email: | | |
| Does the family know about this referral? Y/N | | | | | | | |
| School Attended: Year: | | | | | | | |
| If applicable please state any reason why a worker should not home visit alone: | | | | | | | |
| Parental permission to contact school and other agencies if applicable: Y/N | | | | | | | |
| Any other agencies involved (give contact details where possible): | | | | | | | |
| Name of referring agency/person: | | | | | | | |
| Reason for referral | | Death: | | | | | Pre-Bereavement |
| Date of Death (if applicable) | | | |  | | | |
| **Relationship to child/YP(tick one)** | | | **Cause of death (tick one)** | | | | |
|  Mother/stepmother   Father/stepfather   Brother/step-/half-brother   Sister/step-/half-sister   Grandmother (mum’s side)   Grandmother (dad’s side)   Grandfather (mum’s side)   Grandfather (dad’s side)   Aunt  Uncle  Friend   Young person’s own baby/child   Other (please specify) | | |  Illness: death expected by child   Illness: death expected but child not aware   Illness – sudden death  Road traffic accident   Other accident  Suicide   Murder/manslaughter   Not yet determined   Other (please specify) | | | | |

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| Was the person who died one of the child’s main carers? Yes No Not sure |
| **Life changes for the child/YP since the death (tick all that apply)** |
|  Main carer newly alone after death of partner   New main carer   Parental separation or divorce   New step-parent   New sibling(s) or step-sibling(s)   House move   Change of school (apart from usual transitions)   Move into foster/residential care   Loss of contact with family members   Loss of contact with friends |
| **Any further referral information (i.e. change in child behaviour/cause for concern/ support needed)** |
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Please return form to: Dragonflies, FSN St Nicholas Centre, 66 London Road, St Leonard’s on Sea, East Sussex, TN37 6AS

Tele: 01424 423683 ext. 35

or

email: fhamilton@fsncharity.co.uk