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