

**Referral Form**

<b>OFFICE USE ONLY</b>	<b>DATE RECEIVED:</b>	<b>CRM No:</b>
<b>PRE-REFERRAL MEETING:</b>	<b>HARDIKER LEVEL:</b>	<b>ALLOCATED TO:</b>

**Please provide as much information as possible. This helps us to decide how best we might address the identified needs. Please complete the form in Block Capital Letters.**

Family Name		
Referred Person(s) Name		Referred Person(s) Date of Birth
Referred Person(s) Name		Referred Person(s) Date of Birth
Address		
Telephone No(s)		
Mothers Name		
Fathers Name		
Emergency Contact Person [Next of kin, Grandparent, Spouse, Partner etc.]		
Emergency Contact Person Telephone No(s)		

Are both parents living in the family home?	Yes	No
If not, please give contact details of other parent(s) below in Family Details.		
Are there any other adults living in the home?	Yes	No
If yes, Please give details:		
Has the family attended the service previously?	Yes	No
If so which centre?		When did they attend?

**Referral Form**

**Family details [Please give details of all family members, whether they will attend or not]**

Family Names	DOB	Male/ Female	Relationship [to person referred]	Address [if different from above]	Nationality

**If agency referral please complete**

Name of Person making the referral:	
Agency:	
Position:	
Address:	
Telephone:	
Email:	
Signature:	

Please attach your professional report to this referral form

Report Attached      Yes                                  No

Please outline the reason for the referral

What does the Referrer hope the family/child to achieve from attending the service?

**Other services involved**

Social work	GP	School
PHN	Childcare worker	Family support worker
Meitheal	Other	
Referral made to other services past or present e.g. Social work, CAMHS, Adult mental health, Psychology etc.		
Who provides support? e.g. family friends, community		

**Referral Form**

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**Please indicate the presence of [past or present]**

Domestic violence	Suicidal Ideation	Mental health issues
Child sexual abuse	Substance abuse	Alcohol misuse
Bereavement	Separation	Family violence

**Any other relevant information**

What do parents/guardians hope to achieve from attending the service?

What does the child or children hope to achieve from attending the service?

**In the case of children under 18 it is important to note, that in order for children to attend our service, we request signed consent from both parents for each child. The absence of a signature/consent may delay the referral process.**

Are both parents in agreement with this referral?	Yes	No
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*CONFIDENTIALITY*

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The Daughters of Charity Child and Family Service provides a confidential service. However, in situations where a child's welfare or safety is at risk, where child sexual abuse, neglect, emotional or physical; abuse becomes evident, the Child and Family Agency (Tusla) will be contacted in keeping with our professional responsibility to protect children under Children First National Guidance for the Protection and Welfare of Children 2017 and under existing and changing legislation over time.

The Child and Family Agency will also be contacted in the case where an adult client informs the family centre of sexual abuse experienced during their childhood where there currently may be a risk to other children.

Similarly, if the family centre are concerned that clients may harm either themselves or others, we will consider it necessary to take steps to ensure their safety. This may involve contacting a family member and/or other appropriate services.

I/We hereby have read this confidentiality statement and understand and agree to the above

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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*PERMISSION FOR CONTACTING OTHER AGENCIES*

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I/We hereby give permission for other professional agencies to be contacted in relation to my child/family. I understand where possible this information will be discussed with me beforehand.

The Daughters of Charity Child and Family Service believe in a holistic approach to working with families who attend our service. Information we gather in the course of our work remains confidential unless a safety or welfare concern is identified. Therefore during the course of the work, we may need to contact other professionals/agencies to obtain or share additional information as appropriate in relation to you and/or your family.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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*ACCIDENT/EMERGENCY CONSENT*

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I/We, the parent/guardian give permission to the management to act on my behalf in the event of an emergency or accident and to take such action as may be necessary for my child. This may be basic first aid or medical intervention

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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*FILE KEEPING PROCEDURES*

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I/We understand that the Centre will keep a file on my child/family. Files are shared and maintained by the staff member(s) who works with your family. The manager of the centre will also have access to this file. In certain circumstances the Child Protection Manager, Senior Management team, a nominated person identified by the DoCCFS and the Health Information and Quality Authority (HIQA) may need to access to your file. For example such access could be related to administration and professional practice audits, allegations, or complaints.

All paper files will be kept in a secure filing cabinet, newer files are recorded electronically on a secure database. All files that are known to the Social Work Department for a Child Protection concern will be kept indefinitely and will be archived in a secure location. All other files are currently kept for 6 years. Access to your file can be discussed with the centre manager where you attend.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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***DECLARATION OF INFORMATION***

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I/We the parent/ legal guardian of the above named child/ren declare that the information given by me is true and accurate at the time of signing this document and I agree to make the Daughters of Charity Child and Family Service aware of any changes to this information during the course of my involvement with them.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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***WITHDRAWAL OF PARENTAL CONSENT.***

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I/We the parent/legal guardian of the above named child/ren do understand that I/We can withdraw consent at any time from the service. I/We understand that in order to activate this I must do so in writing to the centre manager.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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*WAIVER OF PARENTAL CONSENT*

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I the undersigned state that I do not know the whereabouts of the father/mother who is also a legal guardian of the following named child(ren)

Child :	DOB:
Child :	DOB:
Child:	DOB:

I also state that I do not have any contact details for him/her.

And / Or

I state that the mother/father of the following child(ren) .....  
 does not have legal guardianship.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_