

## Children's Services and Family Support Referral Form

Please send completed forms to:

Post: First Step, Tangmere Crescent, Hornchurch, Essex RM12 5PP  
 Email: enquiries@firststep.org.uk  
 Fax: 01708 557029

Parent/Carers name	
Address	
Post Code	
Parent email address	
Contact Number	

Names of children	Dates of birth	M/F	Nature of medical needs/ Special needs/disability

Who is being referred to First Step?	
Name:	Relationship to child (if appropriate)

Name of referrer		Family Doctor	
Organisation		Health Visitor	
Contact details		Nursery/ pre- school	
Reason for referral			

Degree of urgency	High	Medium	Low
Family history related to referral	..... ..... .....		
Language spoken at home		Ethnicity	
Additional information we should be aware of	.....		
What Service is being requested?	Pre-School <input type="checkbox"/> PACC <input type="checkbox"/> USMums <input type="checkbox"/> Counselling <input type="checkbox"/> Parent and Child Therapy <input type="checkbox"/> Sibling Support <input type="checkbox"/> Music Therapy <input type="checkbox"/> Baby Group <input type="checkbox"/> Stay and Play <input type="checkbox"/> Family groups <input type="checkbox"/> Other		

Other Professionals or agencies currently involved with the family (if known)

Family Support Needs	Please tick	If you have ticked, please tell us why this is a need and how we might be able to help you.
Feeling isolated		

Using other services/facilities in the area		
Parent(s)/carer(s) emotional health and wellbeing		
Parent(s)/carer(s) self esteem		
Parent(s)/carer(s) physical health/wellbeing		
Child(ren)'s physical health and wellbeing		
Child(ren)'s emotional health and wellbeing		
Managing child(ren)'s behaviour		
Being involved in the child(ren)'s development		
Stress caused by conflict in the family		
Day to day running of the home		
Managing the household budget		
Coping with the extra work caused by multiple birth/multiple children under 5/child with special needs and or disability		
Support to attend First Step activities		
Other (please specify)		

**All referrals must be made with parental/carers consent to share this information with First Step. First Step may be required to share information with other agencies in line with statutory requirements or in the best interest of the child.**

**I agree that this information may be shared so that I/my child can be provided with services except as follows:**

.....  
 .....

Parent/Carers signature ..... Date: .....

Referrer Signature..... Date:.....

Office Use only:

Date referral received:                      Date referrer contacted:                      Date Parent Contacted: