



EMPOWERED TO ACHIEVE FAMILIES REFERRAL FORM

1. Details of Referral Service/Agency			
Name of service/agency		Self Referral	Please go to section 2
Address			
Contact person:		Position	
Contact number:		Email address:	

2. FAMILY DETAILS				
Parents or Legal Guardian Details				
First Name (Father/Male Guardian)		Surname		
First Name (Mother/Female guardian)		Surname		
Address				
		Post Code		
Home Telephone		Mobile Number		
Email Address				
Details of Children				
Child/Student Name	Age	M/F	Relationship	School Year
1.				
2.				
3.				
4.				
5.				



3. Reason for Referral (Please tick as appropriate)

Confidence and self esteem	<input type="checkbox"/>	Language & Communication	<input type="checkbox"/>
Education/employment/training	<input type="checkbox"/>	Social skills	<input type="checkbox"/>
Individual work	<input type="checkbox"/>	Underachievement	<input type="checkbox"/>
Group work	<input type="checkbox"/>	Aspirations	<input type="checkbox"/>
Reading and writing	<input type="checkbox"/>	Numeracy skills	<input type="checkbox"/>
Parenting skills	<input type="checkbox"/>	Resilience	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	_____	

Additional information to support referral

Is the family open to any other intervention / plans managed by other agencies (e.g. educational, health and care plan)? If so list below:

Name	Agency	Position	Contact number	Contact email



Consent
To be obtained from a parent/carer before submission of registration and a whole family assessment is completed

Your consent is required so that:

- you and your family can access support from the Empowered to Achieve programme
- information can be exchanged between agencies to ensure you and your family receive the right level of support from specialist services*

(***Information will only be shared on a need to know basis.** A copy of our **Privacy Notice** which explains how we will use the information we hold on you and the range of agencies with which we may want to share your information to ensure the best service for you will be given during the full registration and initial assessment phase.

I consent to myself and my family being enrolled onto the Empower to Achieve programme. I give permission for my family to participate in the education learning and personal social development activities.

Are there any agencies you do not want us to share information with?

List agencies below (we have legal duty to share information where there is risk of harm)

Parent / Carer: By signing you consent to the above statement on behalf of yourself and your family

Parent / Carer Signature	Print Name	Date
Mother / main female carer		
Father / main male carer		
Any other adult forming part of the family**		