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| **Bookings:** | **07512 709556** | **Email:** | **bookings@supportinglinks.co.uk** | **Office:** | **01442 300185** |

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| 6 Week Course | Talking Additional Needs | Talking Teens | Talking Anxiety | Course ID: |  |
| Talking Families | Talking Dads | Talking Anger |

**All personal information taken for the purposes of making this booking will be held securely in accordance with our GDPR Policy, a copy of which is available on request.**

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| **Parent/Carer Name** |  | | | | | | |
| Address |  | | | | | | |
| Postcode |  | | Mobile Phone | |  | | |
| Email |  | | | | | Date |  |
| **White**  White British  White Irish  Traveller of Irish Heritage  Gypsy / Roma  Any Other White background | **Black**  Caribbean /  British Caribbean  African /  British African  Any other Black background | **Asian**  Indian / British Indian  Pakistani /  British Pakistani  Bangladeshi /  British Bangladeshi  Any other Asian background | | **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Another other mixed background | | | **Other**  Chinese  Arab  Any other ethnic background  Not disclosed |

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| **Parent/Carer Needs** Is there anything we need to know about you that will help us to support you?  Please provide details. | Communication and learning  e.g. language, writing or reading |  |
| Mobility or physical issues  e.g. vision/hearing impairment |  |
| Emotional Wellbeing  e.g. anxiety or mental health |  |

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|  | Age | SEN or Disability | **Children’s Needs:** Please include physical, emotional, mental health or behavioural concerns. |
| *1* |  | Yes No  EHCP |  |
| *2* |  | Yes No  EHCP |  |
| *3* |  | Yes No  EHCP |  |
| *4* |  | Yes No  EHCP |  |
| *5* |  | Yes No  EHCP |  |
| *6* |  | Yes No  EHCP |  |

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| **Family Needs**  It helps us to know some brief details about why you are asking us for help.  All information is treated with the strictest of confidence. | Risky behaviour |  |
| Aggressive behaviour |  |
| Addiction |  |
| School attendance |  |
| Parental conflict |  |
| Boundaries |  |
| Child with complex needs |  |
| Abusive behaviour |  |

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| Please provide any other information about your reason for referral here:  e.g.  What do you hope to gain or understand?  What are you hoping to change? |  |

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| **Existing Support** Please provide brief details if any support from these places has been received in the past year. | Children’s Services: Child Protection/Safeguarding  Children’s Services: Child in Need |  |
| Early Help/Intensive Families/FFA |  |
| School Family Support Worker |  |
| Family Centre Outreach |  |
| CAMHS/Step 2 (for mental health) |  |
| CAMHS/Paediatrician (for ASD/ADHD) |  |
| Health Visitor or School Nurse |  |
| Other (please state): |  |

**Please return your completed referral forms to:** [**bookings@supportinglinks.co.uk**](mailto:bookings@supportinglinks.co.uk)

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| **Professional Referrer Details** | | | | |
| **Your name** |  | **Position** |  | |
| **Email** |  | | | |
| **Phone** |  | | | |
| Please see our website for our current course offers: <http://www.supportinglinks.co.uk/whatson.html> | I have spoken to my client about this course and they are happy to attend | | | Yes No |
| My client can attend all the sessions | | | Yes No |
| To help us be safe and appropriate please inform us if this family has a history of domestic abuse, drug or alcohol misuse or mental health issues. | | |  |
| My client knows that they will not be allowed to attend the course if they arrive under the influence of any substance. | | | Yes N/A |
| **PLEASE SUBMIT SECURELY USING HERTS FX (PREFERABLY) OR PASSWORD PROTECTED EMAIL** | | | | |

Whilst we are happy to take your referral, the booking will only be finalised once we have spoken to the client. We will attempt to contact your client three times after which we will revert to you and ask that your client contacts us should they wish to attend a course. We only confirm bookings with the client themselves. You may wish to print this form to pass to your client, so they have the relevant information to confirm the booking.