

FAMILY SUPPORT HUB REFERRAL FORM

**ALL INFORMATION MUST BE COMPLETED IN FULL TO ENSURE FAMILIES ARE SIGNPOSTED
TO THE APPROPRIATE SERVICE**

**ANY FORMS RECEIVED WITH MISSING INFORMATION WILL BE RETURNED TO REFERRER
FOR COMPLETION**

| | | | | | | | | | |
|--|--|--------------------|-----|--|--|----------------|--|--|--|
| <u>Referrer Details</u> | | | | | | | | | |
| REFERRER NAME | | | | DATE OF REFERRAL | | | | | |
| REFERRAL AGENCY | | | | ADDRESS | | | | | |
| DESIGNATION | | | | | | | | | |
| TEL | | | | EMAIL | | | | | |
| Hub Locality (Tick) | | Armagh & Dungannon | | Craigavon & Banbridge | | Newry & Mourne | | | |
| <u>Family Details</u> | | | | | | | | | |
| | | Mother | | | | Father | | | |
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| Postcode | | | | | | | | | |
| Tel No | | | | | | | | | |
| Parent's Date of Birth | | | | | | | | | |
| Disability Yes/No Please state type | | | | | | | | | |
| Ethnicity | | | | | | | | | |
| Name of Child/ren requiring service | | M/F | DOB | Disability Y/N ? If yes ,state type | | School | | | |
| | | | | Y/N | | | | | |
| | | | | Y/N | | | | | |
| | | | | Y/N | | | | | |
| | | | | Y/N | | | | | |
| Ethnicity | | | | Language Needs (interpreter required) | | | | | |
| GP Details | | | | | | | | | |
| | | | | | | | | | |

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|--|
| Details of Family Background – including other siblings, significant family members. |
| |
| State main presenting reason for referral to Family Support Hub |
| |
| Other organisations known to be involved with the family and support services received and/or declined to date by family |
| |
| Outline <i>specific</i> type of support being sought |
| <ul style="list-style-type: none"> • • • • |
| CONSENT |
| <p>Consent to hub referral</p> <p>(Please note the referral cannot be considered unless explicit consent has been given)</p> <p>I consent to this information being shared at a meeting of core hub members with the purpose of agreeing suitable supports for me/ my family. The Family Support Hub referral process has been explained to me and an information leaflet provided. I understand that my consent is voluntary and if at any stage of the process I wish to withdraw my consent I can do so, by contacting the hub coordinator in my area, details below.</p> |

Data Protection consent

The information you provide on this form will be held electronically for up to 3 years. We will take all steps necessary to ensure that this is securely held/archived/destroyed. You have the right to request a copy of the information that the respective Southern Family Support Hub holds on you. To do so, either you or an authorised third party must request this in writing to:

Data Protection Officer, at the appropriate hub organisation address outlined below.

| | | |
|--------------------------------|--|-------|
| Parent | | Date: |
| Parent | | Date: |
| Young person (if over 16 yrs.) | | Date: |

NOTE for referrers:

Where there is no signed parental consent you are required to sign to confirm that you have informed the family of the hub process and that the parent is consenting to the sharing of the information included on this form

| | | |
|---------------|--|------|
| Referrer Name | | Date |
|---------------|--|------|

This form can be returned by post or email to the Family Support Hub in your locality.

ARMAGH/ DUNGANNON HUB

Pat McGeough
Young People's Partnership
Barnardos
39a Abbey Street, Armagh,
BT61 7DY

Tel: 02837522380

Email:

familysupporthub@barnardos.org.uk



**PORTADOWN/ CRAIGAVON/
BANBRIDGE HUB**

Lisa Grant/Ronan Garvey
Early Intervention Services
(NIACRO)
26 Carleton Street, Portadown
Co Armagh, BT62 3EP
Tel: 02838331168

Email:

familysupporthub@niacro.co.uk



NEWRY & MOURNE HUB

Jacinta Linden
SPACE
24 Monaghan Street,
Newry, BT35 6AA

Tel: 02830835764

Email:

familysupporthub@space-ni.com



You may wish to view the Southern Trust Family Support Hub DVD via the following link:

<https://vimeo.com/216493917>