

Family Mental Fitness North East CIC – Referral Form

Who can use this form?

This form can be used by professionals, community partners, parents, carers, and young people themselves to request support from Family Mental Fitness North East CIC.

We welcome referrals for funded and self-funded places. If you are unsure which applies, please complete the form, we will confirm eligibility with you.



Section 1 – Referrer's Details

Full name	
Role	
Relationship to child, young person, or adult being referred	
Organisation	
Email address	
Phone number	

Section 2 – Person Being Referred

Full name	
Date of birth	
Address	
Parent/Carer name (if under 18)	
Parent/Carer contact details (phone + email)	
Preferred language	
Any communication needs (e.g. interpreter, easy-read)	

Section 3 – Reason for Referral

Please give a brief description of:

- The current situation and concerns.
- Any strengths, interests, or goals.
- The type of support you feel would be most helpful.

Section 4 – Relevant Information

Any diagnosed or suspected SEN / additional needs? (Yes / No – please specify)	
Any safeguarding concerns? (Yes / No – if yes, please outline and confirm if these are already known to services)	
Any other agencies involved? (Please list)	
Availability / preferred times for sessions	

Section 5 – Consent

- ☐ I confirm that I have permission from the individual (and/or their parent/carer if under 18) to share this information.
- ☐ I understand that this information will be stored securely and only used for the purposes of arranging support.

Signature:	
Date	

Once completed: Please email to kay@familymentalfitness.com.

We aim to acknowledge all referrals within 3 working days.

