📝 **Self Referral Form**

🔐 **The information you share is confidential**

**Parents Details**

|  |  |  |
| --- | --- | --- |
|  | **Your Details**  | **Other Parent Details**  |
| **Name**  |  |  |
| **Address** |  |  |
| **DOB** |  |  |
| **Telephone number**  |  |  |
| **Email**  |  |  |
| **Solicitors Details**  |  |  |

**Current Arrangements**

|  |  |
| --- | --- |
| **Is there a current court order in place** **Please provide a copy** |  **Yes / No**  |
| **Have you received any mediation**  |  |
| **Are there any professionals working with you**  |  |
| **What are the current family time arrangements?**  |  |

**Children’s Details**

**Child 1**

|  |  |
| --- | --- |
| **Name of child**  |  |
| **Date of Birth and age**  |  |
| **School Details**  |  |

**Child 2**

|  |  |
| --- | --- |
| **Name of child**  |  |
| **Date of Birth and age**  |  |
| **School Details**  |  |

**Child 3**

|  |  |
| --- | --- |
| **Name of child**  |  |
| **Date of Birth and age**  |  |
| **School Details**  |  |

**Child 4**

|  |  |
| --- | --- |
| **Name of child**  |  |
| **Date of Birth and age**  |  |
| **School Details**  |  |

**Background History**

|  |
| --- |
| **Please provide a brief summary of the current situation and any areas you feel you may need support with.**  |
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| **Are there any risk that we need to be aware of?- please give details**  |
| **Are there any disabilities that we need to be aware of?**  |

|  |  |
| --- | --- |
| **How often would you like the family time to take place.** **Eg, once/ twice/ three times weekly, monthly, fortnightly.**  |  |
| **Are there any days that you would prefer**  |  |
| **How long would like the family time session to be**  |  |
| **Any thing else we need to know?**  |  |

📌 **Please note:** We will always try to accommodate your preferences regarding dates, times, and staff, however this may vary depending on availability. We will communicate clearly and work flexibly wherever possible.

**🔐 Consent & Data Protection**

**By submitting this form, you consent to Nexus Family Connect storing and processing your information in line with our privacy policy.**

|  |  |
| --- | --- |
| **Name** |  |
| **Signed**  |  |
| **Date**  |  |

**Need help completing the form? Call us on 📞 07355839923 or email 📧**Referrals@NexusFamilyConnect.co.uk.

**Next Steps**

Once this form is completed, please submit £50 to Nexus Family Connect via bank transfer. This is required before processing can commence; **This is non refundable**

|  |  |
| --- | --- |
| Bank Account Number | 25806727 |
| Sort Code | 04-06-05 |
| Account Name  | Nexus Family Connect LTD |

\*\* Please use your name as the reference\*\*

**🗂️ For Office Use Only**

|  |  |  |
| --- | --- | --- |
| **Date Received** | **Referral Status:**☐ Accepted ☐ Pending ☐ Declined | **Service Type Confirmed** |
| **Referral Taken By** | **Initial Response Sent:**  | **Allocated Staff Member** |

|  |  |
| --- | --- |
| **Risk Assessment Completed****Date :** | **Yes/ No** |