📝 **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.** |
|  |
| **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](mailto: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** |