The Cottage Family Centre

Agency Referral Form
Children & Family Services

For the Attention of:	**Management Team**			
Please indicate which services you require:	**Children's Service**	☐	**Family Service**	☐
Please indicate which area you require:	**Templehall**	☐	**Gallatown**	☐
Sender Information	**Organisation:** **Name:** **Position:** **Contact Number:** **Email Address:**			

Criteria for Service	**Yes**	**No**
Is there a child(ren) aged 5 and under within in the family unit? Please note: If No the referral will be declined.		
Has well-being concerns been identified?		
Is the family in need of urgent/crisis support?		
Are any of the children within the family placed on the child protection register or looked after?		
Families where practical and emotional support is needed in identified areas in order to improve their ability to parent/meet their children's needs e.g. • Improving structure, boundaries and routines in the home • Developing positive interactions with child(ren) • Providing a safe and stable home environment • Decreasing social isolation • Practical help/support with budgeting and nutrition • Assistance with employability	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐

Have you informed the health visitor of this referral?	
Has the parent/carer consented to this referral?	
Does the child(ren) have a GIRFEC child's plan? If yes please attach a copy.	

Please complete this form to make a referral to us for children and family support. The questions are not being asked in order to exclude people from the service but to ensure that we are able to offer a suitable level of support for the service user.

Details Main Parent/Carer:	Full Name: House/Flat No: Street: Town: Postcode: Home telephone: Mobile: Relationship to children:
Details of other adults living within the family home:	Full Name: House/Flat No: Street: Town: Postcode: Home telephone: Mobile: Relationship to children:
Children's Details:	1) Full Name: Date of Birth: Sex: If any, what school/nursery do they attend? 2) Full Name: Date of Birth: Sex: If any, what school/nursery do they attend?

	3) Full Name: Date of Birth: Sex: If any, what school/nursery do they attend? 4) Full Name: Date of Birth: Sex: If any, what school/nursery do they attend? 5) Full Name: Date of Birth: Sex: If any, what school/nursery do they attend?
Emergency Contacts for Family	1) Name; Address: Contact No: Relationship to family: 2) Name; Address: Contact No: Relationship to family:
What other agencies/ Organisations Are involved with the family? **Please include names and email addresses.**	Social worker/Criminal Justice: School/Nursery: Health Visitor: CPN: Voluntary organisations: Other:

Do you have specific concerns about any of the children's health? **Please also give details on any current medication, dietary requirements, allergies etc.**
Do you have specific concerns about any of the Parent's/Carers health? **Please also give details on any current medication, addictions, dietary requirements, allergies etc.**
Do you have specific concerns about any of the children's development? Please provide details.
Do you have specific concerns about the family's domestic situation? Please provide details.
Anticipated outcomes: **What do you expect this referral to achieve in respect of your concerns for this family?**

Please give further information to support your referral:	

Please ensure you have completed the referral form fully before signing the declaration below. Unfortunately incomplete referrals will be returned to the referrer which may result in a delay of support services being offered.

The Cottage Family Centre is committed to providing a high quality care and support service which will achieve the very best outcomes for children and families.

Everyone is different, Each is special

I declare that the information given is a full and accurate account of my knowledge regarding the applicant.

Referrer signature: _____

Date: _____

Please return this form by post/email to:

THE COTTAGE FAMILY CENTRE
29-31 CAWDOR CRESCENT
KIRKCALDY
FIFE, KY2 6LH
TEL: 01592 269489
referrals@thecottagefamilycentre.org.uk

Management use only(management initials):

Date received: _____

Referral accepted: ☐
Referral declined: ☐

0-3 years: ☐
0-5 years: ☐