SELF REFERRAL FORM 2024

For completion by the FAMILY.
For third party referrals - please use our Introduction Form.

Scheme Use Only	
Date Self Referral Form Received:	
Family NAME	

Name of Family:	**Tel No:**	**Mobile No:**	**Email:**
Address:			**Post Code:**
Who is answering the Questions? Mother / Father / Other			
Please circle/highlight to indicate if this is a: Civilian family / Serving military family / Veteran military family			

Please provide some details about the adults caring for the child[ren]:

	Name	**Gender** F/ M/ Non-Binary/Other *(specify)*	**Date of Birth**	**Main carer** √	**Resident in household** √	**Do they consider themselves disabled?** Yes / No	**Ethnicity** (see below *)
Mother/partner							
Father/partner							
Other main carer[s]							

Please provide some details about the children (include details for all children under 18)
Note: the family must have at least one child under the age of five years.
Please complete those boxes which apply to any of the children

Child's Name (Eldest First)	**Gender** F/ M/ Non-Binary/Other *(specify)*	**Date of Birth**	**Subject to Early Support Assessment** √	**Child in Need Plan** √	**Child Protection Plan** √	**Considered to be disabled by main carer?** Yes / No	**Ethnicity** (see below *)
C1							
C2							
C3							
C4							
C5							

* ETHNICITY *(Please use abbreviations below)*

ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	ANY MIXED	CHINESE OR OTHER	WHITE
Indian (AI) Pakistani (AP) Bangladeshi (AB) Other Asian (OA)	Caribbean (BC) African (BA) Other (OB)	(M)	ETHNIC GROUP Chinese (C) Other Ethnic (OE)	British (WB) Irish (WI) Gypsy/Traveller (GT) Other White (OW)

Family Circumstances / Reason for referral:
Please tick/highlight/circle all that apply to this family's circumstances:

Child(ren) previously on a Child in Need / Child Protection Plan	**Debt / Financial insecurity**	**Domestic Abuse**	**Lack of Support network**	**Learning Difficulties** Adult / Child	**Lone Parent**	**Mental Health Issues (incl. PND)** Adult / Child	**Migrant / Asylum Seeker Family**
Multiple Birth	**New to area**	**Non-Working Household**	**Parent care leaver**	**Physical Difficulties** Adult / Child	**Speech & Language issues**	**Substance Abuse**	**Unsuitable housing**
Young / Teenage Pregnancy (25 years or under)	***Other*: *Please Specify***						

Risk Assessment		
Prior to visiting a family consideration needs to be given to any health and safety issues. Are there any issues we need to be aware of particularly regarding the following. If Yes please give details.		
Are there any threats from neighbours?	Yes / No	
Are there any family disputes?	Yes / No	
Are there any pets?	Yes / No	*What are they and where are they kept?*
Is there any substance/alcohol abuse?	Yes / No	
Is this a smoke free home?	Yes / No	

Background Information
Please add any background information that you think we would find useful (if necessary, attach an extra sheet):

	Name	Tel No
Family GP		
Health Visitor		

How did you hear about Home-Start North Wiltshire? *(Please circle as appropriate)*

Friends/Family/Neighbour Social Worker Health Visitor Other:

Have you received Home-Start support previously? Yes/No

If Yes when did Home-Start support end? Date:

Parent's Signature		**Date**	

Thank you for taking time to provide this information which will help us to arrange the referral.

Please send your completed form to Home-Start North Wiltshire, Unit One, Fordbrook Business Centre, Pewsey, Wiltshire, SN9 5NU

We are unable to arrange your referral until we have received this form. We will try to respond to you within two weeks to tell you about progress with your referral.

If you have any issues or concerns about the referral process or family support, please contact Home-Start North Wiltshire at the address above or via email hello@homestartnorthwiltshire.org.uk or telephone 01672 569457.

Privacy Notice and Consent Statement:
In the course of Home-Start North Wiltshire, providing support and friendship to families, we collect and hold certain personal information which is used by the scheme and Home-Start UK for monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the General Data Protection Regulation (GDPR) policy and procedure and the Information Governance policy and procedure. Giving your data on this form is taken as your explicit consent. This data will be held for twelve months post support. Please see full Privacy Statement under 'Documents' on our website at www.homestartnorthwiltshire.org.uk