

# Request for Young Families Project Referral



Email: [shelly@theparentingnetwork.co.uk](mailto:shelly@theparentingnetwork.co.uk)

Phone: Shelly - 07708 930 607

## Young Person Details *(please complete this form with the young person)*

Name:	Date of birth:
Address:	
Mobile: Email:	In Education/Training, Working, F/T, P/T or N/W:

Partner's name	Date of birth	In Education/Training, Working, F/T, P/T or N/W
Father's name (if different from above)	Date of birth	In Education/Training, Working, F/T, P/T or N/W

## Requester details

or Self Referral: YES/NO

Name:			
Role/ Organisation:			
Tel No.		Email:	
Date Referral Completed:			

## Midwife/Health Visitor/Other professional details

Name:	Contact details:
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## Which support drop in group does the family require? *(tick all that apply)*

Pregnancy - Mums	<input type="checkbox"/>	Young families; parent and baby/child/children	<input type="checkbox"/>	Dadzclub - Dads	<input type="checkbox"/>
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## Any further information you would like us to know – please specify more detail in box below

## Information Sharing Consent:

I understand that the information gathered regarding myself and my family will be used only for the purpose of providing, coordinating and evaluating parenting services to my family. I understand that this information will be stored by The Parenting Network for the duration of the time I access to support with the service in line with the GDPR regulation 2016/679. I understand that I have the right to view, edit and withdraw information from The Parenting Network.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide, coordinate and evaluate services to support me and my family. I understand that this may include health organisations, education, housing and social care services, police, youth offending team, criminal justice, registered social landlords, DWP, and other local services.

I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or to prevent a crime being committed. Where the information suggests significant harm to an infant, child or young person, local safeguarding children board procedures will be followed and this has been explained to me.

Young Person Name:	Signature:	Date:
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