I confirm that the organisation I represent has secured the written consent from the below mentioned client to share their personal data with One Family and that the client demonstrated understanding of who will see their data and who it can be further shared with in accordance with EU GDPR and the Irish Data Protection Acts 1998 to 2018

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Service you wish to refer client to:** | | |
| Counselling (adult and teens) | □ | |
| Young parents in care (parenting & practical supports) | □ | |
| Education/Career support | □ | |
| Mediation (specialist in separation) | □ | |
| Parenting Supports  (Range of group based supports: parenting teens, parenting when separated, managing stress, self care & parenting younger children/understanding behaviour/managing transitions).  We also offer in depth assessment (PuP) where necessary and follow on support as required in various formats. | □ | |
| Play/Creative Therapy | □ | |
| **Details of the person being referred:** | | |
| Surname: |  | |
| First Name: |  | |
| Date of Birth: | ............./.............../........... Day Month Year | |
| Gender: | Male □ | Female □ Non Binary □ |
| Present Address: |  | |
| Telephone: |  | |
| Email: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family household composition (children or parents):** | | | | | | |
|  | **Name:** | | | **Relationship to referred client:** | | |
| 1. |  | | |  | | |
| 2. |  | | |  | | |
| 3. |  | | |  | | |
| 4. |  | | |  | | |
| **Professionals working with the family (parent and child/ren):** | | | | | |
| 1. |  | | | | |
| 2. |  | | | | |
| 3. |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
| **What are you worried will happen if nothing changes in your family?** | | | | | |
| **At the moment** | | **In the future** | | | **What makes it harder?** |
| **What is working well for your client and their family currently?** | | | | | |
| **Family Strengths** | | | **What is keeping the family safe?** | | |

|  |  |  |
| --- | --- | --- |
| **What level of Family Law or Child Protection concerns are there in relation to this family?** | | |
|  | | |
| **What would you & your client like to see happen as a result of this referral?** | | |
| **Safety Goal** | | **Next Steps** |
| **Is the client aware of the referral?** | | |
| Yes | No | |
|  | If **No** is there a reason why not: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of the client**: | | | |
| *I am aware of the referral and understand the information contained in this referral form:*  .............................................................................................................. | | | |
| **Referrers Details:** | | | |
| Name: | |  | |
| Job title: | |  | |
| Service/Agency: | |  | |
| Address: | |  | |
| Phone: | |  | |
| Email: | |  | |
| **Signature:** | | | |
| Referrer:  ............................................................................... | | | Date: |
| **Internal use only** | | | |
| Date received by relevant service Manager/Director: ................................................. | | | |
| Has the referral been accepted: | | | |
| Yes | No | | |
|  | Please give reason why: | | |
| Recommendation and follow up action taken: | | | |
|  | | | |
| Signature: | | | |
| Service Manager ..................................................... | | | Date................................................. |