

Barnardos Boarded Out Practical Support Service for Adults

Professional Referral Form

Dublin: 23/24 Buckingham Street, Dublin 1. / Christchurch Square, D8 Tel (01) 813 41 00

Cork: Blackmore House, Meade Street, Cork. Tel (021) 203 80 05

Galway: The Sanctuary, 27 Chois Chair, Claregalway, Galway. Tel (091) 454 489

Email: birthhistory@barnardos.ie

Please note that this service is specifically for people who were boarded out, nursed out or fostered as children prior to the Child Care Act 1991

Yes	No
-----	----

Please confirm that the person being referred has given consent for the referral to Barnardos Boarded Out Service

Yes	No
-----	----

Service User Details

Name: _____ Gender: _____

Address: _____ Telephone: _____

Preferred method of contact:

Phone Text

Date of Birth: _____ Email Letter

Email: _____

Reason for Referral

Support to access early life and birth history information

Form filling/ literacy support

Advocacy /information and signposting

Support to access community services and supports e.g. meals on wheels, men's sheds etc.

Support in referring to relevant health/medical services e.g. primary care

Support in referring to relevant mental/emotional health services

Support to access housing /tenancy /homeless services e.g. Housing adaptation grants, housing application forms, homeless services

Support to access befriending/telephone befriending and social groups

Other – Please specify:

Barnardos Boarded Out Practical Support Service for Adults

Professional Referral Form

Dublin: 23/24 Buckingham Street, Dublin 1. Tel (01) 813 41 00 Christchurch Square, D8

Cork: Blackmore House, Meade Street, Cork. Tel (021) 203 80 05

Galway: The Sanctuary, 27 Chois Chair, Claregalway, Galway. Tel (091) 454 489

Email: birthhistory@barnardos.ie

Can you please outline in more detail the reasons for making this referral

Are you aware of any risks to Barnardos staff visiting this person at home? Yes No

Does the person being referred live alone?
If no, please give details. Yes No

Referrer Details

Name: _____ Organisation: _____

Address: _____ Telephone: _____

Email: _____

Role/ Relationship to person being referred: _____

Signed: _____

Date: _____