

**Confidential**

## Sligo Springboard Family Support Service

2 Racecourse View, Cranmore, Sligo / Tel: 071 914 7070

### Referral Form

Are you referring a child/ren, parent(s)/Guardian(s), or an individual adult to our service?

Child/ren  Parents/Guardian(s)  Individual Adult

Family Name: \_\_\_\_\_

First name(s) of referred party: \_\_\_\_\_

If applicable: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_

Children's name(s), date of birth and age(s), pre-/school attendance:

Name	Date of birth	Age	Attends what pre-/school?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Date of birth	Age	Attends what pre-/school?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there child protection concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Are the family open to Social Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previously open <input type="checkbox"/>	Unknown <input type="checkbox"/>

Please give details of any other agency involved:	
Agency Name:	Contact Name and Details:
_____	_____
_____	_____
_____	_____

Which of the following programmes and services are relevant to this referral?	
Early Learning and Care (Sessional Crèche)	
School Aged Childcare (Breakfast Club, School Bus, Homework Support)	
Individual Support for Children and Young People	
Individual Support for Parents	
Individual Support for Adults	
Meitheal	
Non-Violent Resistance	
Parenting Support (Parent's Plus Programmes)	

What does the referred party most need from us at Sligo Springboard Family Support Service?
1
2

3

4

5

Please provide any other relevant information on the referred party i.e. previous interventions, family background (attach additional pages where necessary)

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Please indicate level of need according to the Hardiker Model (see description below)	1	2	3	4
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**Level 1 Universal** - Universal services and community development available to all children

**Level 2 Additional** - Support services for children and families in need

**Level 3 Complex** - Services for children and families with serious difficulties

**Level 4 Acute** - Intensive long-term support and rehabilitation for children and families

Please confirm that you have discussed this referral with the parent/individual adult.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received their consent to refer them to our service?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Please complete either **Part 1** or **Part 2** below:

<b>Part 1:</b> Contact Details of Referring Agency	Relationship to person(s) being referred	
Agency Name:		
Contact Person and Profession:		
Phone:		
Email: Address:		
<b>Part 2:</b> Is this a self-referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a referral for a family member? If so, please provide your details below: Name: Relationship to Family member: Phone:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Date: \_\_\_\_\_

Please send completed Referral Forms by email to [john@sligospringboard.ie](mailto:john@sligospringboard.ie) or by post to Project Manager, Sligo Springboard Family Support Service, 2 Racecourse View, Cranmore, Sligo.

*Thank you. We will contact you shortly regarding this referral.*

<b>Administration Only:</b>	
Received By:	
Date of Receipt:	
Acknowledged by:	
Date of Acknowledgement:	
Allocated to:	
Date of Allocation:	
Referral Status	Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/>
Agreed date for intake meeting	