Home-Start Surrey (Waverley)
SELF-REFERRAL FORM

Family No: *(office use only)*

Your family must have at least one child under the age of 5 years old.

Name of Family:			
Main Carer:			
Address:			
Postcode:			
Tel No:		Mobile No:	
Email:			
Next of Kin:		Mobile No:	

Please tell us how you heard about Home-Start:

Health Visitor:		Other Agencies involved:
Address:		
Postcode:		Do you have any objection to us contacting your Health Visitor?
Tel No:		
Family Doctor:		
Surgery:		
Tel No:		

Please tick all that apply to this family:

Lone Parent	Substance Abuse	Domestic Abuse	Mental Health Issues	Learning Disabilities	Post Natal Depression	Interpreter Required	Teenage pregnancy: 19yrs or younger
☐	☐	☐	☐	☐	☐	☐	☐

Are there any **Health & Safety** issues we need to consider when placing a volunteer with your family? (please give details):

Names of family:	Gender	Date of Birth	Asylum Seeker	Refugee	Considered to be disabled? (by self/main carer)	Ethnicity? (See Codes below)	Child Protection Plan?	Child in need?	Early Help Assessment or other assessment?
Mother/partner:			☐	☐	☐	☐			
Father/partner:			☐	☐	☐	☐			
Other adult(s) living in household:			☐	☐	☐	☐			
Children - Eldest to youngest please c1			☐	☐	☐	☐	☐	☐	☐
c2			☐	☐	☐	☐	☐	☐	☐
c3			☐	☐	☐	☐	☐	☐	☐
c4			☐	☐	☐	☐	☐	☐	☐
c5			☐	☐	☐	☐	☐	☐	☐
c6			☐	☐	☐	☐	☐	☐	☐

Asian / Asian British:	**White:**	**Black/ Black British:**	**Mixed Ethnic Background:**
Indian = I Pakistani = P Bangladeshi = B Chinese = C Asian Other = AO	British = WB Irish = WI White Other = WO Travellers = T	African = BA Caribbean = BC Black Other = BO	White/Black African = MB White/Black Caribbean = MC White and Asian = MA Mixed Other = MO

FAMILY NEEDS – So that we can offer your family the most appropriate support please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by you, will be used to monitor how our support meets your family's needs.

I hope that Home-Start will help meet the needs my family has in the following areas:

	✓	If you have ticked, please tell us why this is a need and how a volunteer might be able to help.
1) Managing the child(ren)'s behaviour	☐	
2) Being involved in the child(ren)'s development	☐	
3) Coping with own physical health	☐	
4) Coping with own mental health	☐	
5) Coping with feeling isolated	☐	
6) Parent's self-esteem	☐	
7) Coping with child's physical health	☐	
8) Coping with child's mental emotional health	☐	
9) Managing the household	☐	
10) The day-to-day running of the house	☐	
11) Stress caused by conflict in the family	☐	
12) Coping with the extra work caused by multiple birth/multiple children	☐	
13) Use of Services	☐	
14) Other (please describe)	☐	

In order to process this referral, consent must be given for this information to be processed lawfully under the GDPR guidelines. A privacy notice is available at www.homestartwaverley.org

Parent's signature: Date:

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

We are unable to process your referral until we have received this form. We will try to respond to you within two weeks to tell you about progress with this referral. If you have any issues or concerns about the referral process or the support for your family please contact us.

Please return this form to:

Home-Start in Waverley, Vernon House, 28 West Street, Farnham, Surrey GU9 7DR.
Tel: 01252 737453
or
Email: info@homestartwaverley.org

Please add any background information that you think we would find useful (if applicable) at the end of this form.

Other Information (if applicable):