NAAS CHILD & FAMILY PROJECT REFERRAL FORM

Family being referred: _____ **Date of referral:**_____ **Referred by:** _____ **Ph.**_____

Referred Child Details:

Name: _____ **D.O.B.:** _____ **Gender:** _____ **Address:**_____

NB: Where parents have joint guardianship both parents must sign form

Parents Contact Details:

	Parent 1:	***Parent 2:***
Name:	_____	_____
Address:	_____	_____
	_____	_____
D.O.B.:	_____	_____
Phone:	_____ ***Email:*** _____	_____ ***Email:*** _____
Next of Kin:	_____ ***Phone:***_____	_____ ***Phone:*** _____

Other Children in the Family:

Name	D.O.B.	M/F	Address

3. Please identify / give name of legal guardian and relationship to child/ren if different from above: _____

_____

4. Please identify child/ren's carers and relationship to child/ren if different from above. E.G. Other Partner/Foster Carers/Grandparents/Carers etc:

_____

_____

5. Are all parents of child/ren aware of referral to NCFP? Yes ☐ No ☐

If no, please explain why not:

_____

6. Please give details of family's:
(a) Country of Origin: _____ (b) Ethnicity: _____ (c) 1st / 2nd Language: _____

7. Do you require the services of an Interpreter? Yes ☐ No ☐

8. What are the reasons for referring to NCFP at this time? (Please give as much information as is available)

_____

_____

9. Other services involved with your family, please include all that apply to you.

Agency	***Name of Practitioner***	***Address***
Social Worker		
Public Health Nurse		
School / Class / Teacher		
G.P.		
CAMHS		
Community Welfare Officer		
Domestic Violence Service		
Mental Health Service		
Court / Legal Service		
Addiction Service		
Speech and Language Service		
Other		

10. (a) Can you in your own words, tell us what you would hope to gain from your involvement with the project?

(b) What are your fears and concerns about attending the project?

11. As the referring agent, what support do you think the family needs?

_____

_____

Parent / Guardian Consent Form:

As parent (s), I / we agree to our child being referred to Naas Child and Family Project ☐

I give my permission for sensitive information to be collected and stored by NCFP project staff regarding my children and myself. I am aware that family files will be kept safely in the Naas Child & Family Project ☐

I/we consent to take part in the evaluation process / child therapeutic play sessions. I/we are aware that NCFP will contact us and invite our child's school to complete a questionnaire on our child/ren ☐

I/we give my/our permission for photographs to be taken as part of the therapeutic process with my/our child and I/we understand that these photos will be stored on our family file and will not be used in KYS publications without consent. ☐

I/we understand that in the event of medical treatment being required, every effort will be made to contact me. However if this is not possible, I give my consent to any treatment considered necessary by a registered medical doctor, dentist, or consultant to be administered. ☐

I/we understand that NCFP may need to contact other agencies / persons to discuss my family to obtain whatever reports/information are considered relevant. ☐

The Naas Child and Family Project facilitate a number of student placements each year. All students receive supervision while training. By agreeing to see a student you may access the service quicker for your child. If this is something you wish to consider please tick the box. ☐

Signed: _____ Date: _____ Signed: _____ Date: _____
Parent 1 **Parent 2**

GDPR Compliance and Privacy Protection: The personal data and other information collected in and retained from this consent form is done in strict compliance of the General Data Protection Regulations (GDPR) 2018. The use of your personal information, how and why we collect it and what we retain will vary depending on how you engage with insync Child & Family Services, and what service, project or club you engage with. This will be made clear in the consent form and/or with other relevant documentation or policies that we will provide to you. We have outlined how we protect and manage the data to submit to us through the insync Child & Family Service GDPR Compliance and Privacy Statement. You can check this by going to our website www.insync.ie and viewing our GDPR Compliance and Privacy

Statement

Do you want to be updated on Parent / Family events that are taking place in your community? Yes ☐ No ☐

Referral Agent: _____ Date: _____

Project Leader Signature: _____ Date: _____

FOR NCFP USE ONLY

Date Referral Received: _____

Date Referral Accepted: _____

Date Referral Allocated: _____

Allocated to: _____

Family I.D. No.: _____

Please complete and return form to:
Naas Child & Family Project
Unit 39 First Floor, Naas Town Centre
Dublin Road, Naas, Co. Kildare