

**THE BUNGALOW PARTNERSHIP**

Rose Wood Academy, The Garth, Coulby Newham, Middlesbrough TS8 0UG

Tel: 01642 595363

Email: [thebungalowpartnership@gmail.com](mailto:thebungalowpartnership@gmail.com)

[www.thebungalowpartnership.co.uk](http://www.thebungalowpartnership.co.uk/)

Registered Charity No. 1160501

**CHILD/FAMILY REFERRAL FORM**

**PLEASE RETURN THIS FORM VIA POST TO THE ADDRESS ABOVE OR PASSWORD PROTECTED VIA EMAIL**

**Please fill out each part of the form clearly, forms missing vital information may be returned before the allocation process. Please ensure that, as the referring agency, you have a lawful basis for sharing information, including any sensitive personal data, with us.**

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| --- | --- | --- |
| Name: | | D.O.B:  Gender: |
| Is the named child a “looked after child”? Delete as appropriate | | Yes / No |
| Has the child been registered as eligible for free school meals (FSM) at any point in the last 6 years? Delete as appropriate (optional) | | Yes / No |
| School Name: | | |
| Parent/Carer details 1: | Parent/Carer details 2: | |
| Address: | Address: | |
| Relationship to child: | Relationship to child: | |
| Tel: | Tel: | |
| Email address: | Email address: | |
| Who does the child live with? | | |
| G.P Practice: | | |
| Significant family members/relevant family information: | | |
| Please list any agencies involved currently or prior to the referral. Please let us know if there is any documentation from work with these agencies that may be relevant to our allocation and assessment processes.  Agencies involved and telephone numbers   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Reason for referral: | | |
| SEN status: | | |
| Family support requirements: | | |
| Any issues known prior to home visit contact? | | |
| Work completed by school to support the reason for referral. Please be concise but informative. | | |
| Desired outcomes (please state)- | | |
| **Your personal information – a note for parents/carers, children and young people**  We collect and use information about you, your family and/or your child to enable us to carry out specific functions for which we are responsible and to provide a service that will be benefit you and/or your child. This information is kept and used in line with the General Data Protection Regulation (GDPR). There is more about this in our Privacy Notice. | | |
| **Parental consent (and consent of child/young person age 13+ where applicable)**  If you consent to this referral, you will be contacted by a member of The Bungalow Partnership who will visit you and:   * Provide you with a Privacy Notice and an Acknowledgement & Consent form to read and sign * Conduct an Assessment of your needs or your child’s needs and arrange for support to begin   **Parent/Carer Name (Please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I give my consent YES/NO**    **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Young Person Name if applicable (Please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I give my consent YES/NO**    **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Referrer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact telephone number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |