

# Group Work Referral Form

Please send completed form to: [ci.loth.hsedinburgh@nhs.scot](mailto:ci.loth.hsedinburgh@nhs.scot)

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Data Protection:**

*I have discussed this referral with the family. They understand that the information on this form may be shared securely within the service to identify the best available support. The family will then be informed which service they will be supported by, and that service will then take ownership of their information and hold it in confidence. This information may be shown to the family if requested.*

**Please tick to confirm**

## Family Details:

Mother's name: \_\_\_\_\_ DOB \_\_\_\_\_

Partner's name: \_\_\_\_\_ DOB \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Date Baby is Due: \_\_\_\_\_ Ethnicity of Family: \_\_\_\_\_

## Details of Children:

Name of Child	Gender	DOB

**Reason for referral and any barriers:** In a few words, please let us know the outcome you hope can be achieved by this family joining a Home-Start group and any reasons that, you anticipate, might make it difficult for the family to get involved (e.g. language, social (or other) anxiety, cost of travel, perceived 'difference' from other parents, confidence).

Is English the family's first language? Yes  No

If no, which is the first language, and what is the level of spoken English?