**Universal Service Referral form**

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| **Contact details** | |
| Title | Mr/Mrs/Miss/Ms/Other...... |
| Preferred Name for safeguarding purposes |  |
| Safe Phone number  (This should be a phone number no one else can access) |  |
| Safe Email address  (This should be an email address no one else can access) |  |

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| **Clients preferred method of communication** | |
| Mobile phone number |  |
| WhatsApp |  |
| Video Conferencing |  |
| Text Message |  |
| Facebook Messenger |  |

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| **Days and Times service you are free to access services** | |
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| **Clients concerns** |
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| **What services would you like to access? Please mark most urgent to least urgent** | | | |
|  | Very Urgent | Urgent | Not urgent |
| Befriending service (go to section 2) |  |  |  |
| Debt Management (go to section 3) |  |  |  |
| Education Service (go to section 4) |  |  |  |
| Legal advice (go to section 5) |  |  |  |
| Mindfulness (go to section 6) |  |  |  |
| Nutrition (go to section 7) |  |  |  |
| Parenting advice (go to section 8) |  |  |  |
| Independent Domestic Violence Advice service  (go to section 9) |  |  |  |

**Section 2; Befriending service**

All befriending service are delivered by phone or via remote means i.e. zoom.

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| **Recommendation from Referrer (Please highlight):** | | |
| Listening Service | Trained Counsellor | Consultant Clinical Psychologist |

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| **Costs for Service per session (Please highlight)** | | |
| Listening Service | Trained Counsellor | Consultant Clinical Psychologist |
| Minimum of £25 per session for up to 6 sessions, capped at £100 | Minimum of £10.00 per session, capped at £45 per session | Minimum of £15.00 per session, capped at £90.00 |
| Contribution Agreed (£ ) | Contribution Agreed (£ ) | Contribution Agreed (£ ) |
| Unable to contribute (Include reason below) | Unable to contribute  (Include reason below) | Unable to contribute  (Include reason below) |
| Reason for being unable to contribute to the services costs: | | |

**Section 3; Debt Management**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There is a cost for this service to our company and we will ask you to provide a contribution towards these costs.

**Section 4; Education Service**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There may be a cost for this service

This service can be provided, covering advice on education choices, support with education related queries or tutoring covering various subjects. These services are provided by a qualified teacher.

**Section 5; Legal Service**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There is a cost for this service to our company and we will ask you to provide a contribution towards these costs.

This service requires the following evidence, this can either be submitted to WTW or directly to the legal service once sessions are agreed. Sessions cannot proceed without the evidence being provided.

* Photographic ID (passport or driving licence)
* Utility Bill or Bank Statements dated within the last month to confirm residential address.

**Section 6; Mindfulness**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There may be a cost for this service.

**Section 7; Nutrition advice and workshops**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There is a cost for this service to our company and we will ask you to provide a contribution towards these costs.

**Section 8; Parenting Advice**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There may be a cost for this service There is a cost for this service to our company and we will ask you to provide a contribution towards these costs.

**Section 9; Independent Domestic Violence Advisor**

Would you prefer face to face or virtual sessions?

Face to face Virtual

There is a cost for this service to our company and we will ask you to provide a contribution towards these costs.

**Section 10; Clients Consents**

Please confirm with the client that they give the following consents

We collect your information during your assessments to allow us to assess the progress of your case and inform us of any concerns you may have.

Do you consent to Walk The Walk Family Support Service CIC processing this data to support your case? If we are unable to process this data we will not be able to take your case forward.

Yes No

Do you consent to Walk The Walk Family Support Service CIC processing this data for statistical purposes, in which case your data will be anonymised?

Yes No

Do you agree that an authorised Walk The Walk Family Support Service CIC support worker can share legal reports, relevant and appropriate information with other agencies where necessary?

Yes No

Do you consent to Walk The Walk Family Support Service CIC contacting you with relevant events and information that may support you in your parenting?

Yes No

Please sign below to confirm that you agree to complete our monitoring and feedback forms if we are able to accept your referral.

Signature\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Referred by:** | **Date:** |
|  |  |

**Contact:**

**Walk The Walk Family Support Service CIC**

**Office: *07523908454***

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**email:** **loretta@walkthewalkcic.co.uk**

**Statistical Information**

*If this is not filled in, we are unable to gather the data we need to support funding bids.*

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| --- | --- |
| Age |  |
| Ethnicity |  |
| Gender |  |
| Do you have any learning difficulties or disabilities we need to be aware of to provide the service to you? | Y/N  If Yes, Please provide details |
| Hertfordshire Resident | Y/N – What area? |
| Non-Hertfordshire Resident | County/Area |

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| **Issues (Client)** | **Initials of the parent affected** | **Red** | **Amber** | **Green** |
| Domestic Violence –Adult to Adult |  |  |  |  |
| Parenting Capacity |  |  |  |  |
| Anti-Social Behaviour |  |  |  |  |
| Substance/Alcohol Misuse |  |  |  |  |
| Emotional/Mental Health Needs |  |  |  |  |
| Self-Harm |  |  |  |  |
| Suicidal Thoughts/Behaviours |  |  |  |  |
| Low Self-esteem |  |  |  |  |
| SEN/D |  |  |  |  |
| Physical Health |  |  |  |  |
| Poor Communication |  |  |  |  |

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| **Issues (Family)** | **Initials of young persons affected** | **Red** | **Amber** | **Green** |
| Child to Parent Abuse-Physical |  |  |  |  |
| Child to Parent Abuse – Emotional/Psychological |  |  |  |  |
| Child to Parent Abuse - Financial |  |  |  |  |
| Emotional/Mental Health Needs |  |  |  |  |
| Self-Harm |  |  |  |  |
| Suicidal Thoughts/Behaviours |  |  |  |  |
| Low Self-esteem |  |  |  |  |
| Physical Health |  |  |  |  |
| Poor Social Skills |  |  |  |  |
| Anti-Social Behaviour |  |  |  |  |
| At Risk of Sexual Exploitation |  |  |  |  |
| Not in Education, Employment or Training |  |  |  |  |
| Educational Concerns |  |  |  |  |
| SEND |  |  |  |  |
| Sibling to Sibling Abuse |  |  |  |  |
| Other |  |  |  |  |