Navan Springboard Family Support Services
Referral Form

Required Service. Please tick as appropriate;

	Type of service		Complete sections
Child	Counselling	†	1 &2
	Access Support	†	1 & 2
Parent	Counselling	†	1
	Parenting Course	†	1
	Parent Support Group.	†	1
	Adult Education Courses	†	1
	He's My Dad Gr.	†	1
	Advocacy Support	†	1
Family.	Individual Programme of Family Support	†	1, 2, 3

Section 1: Parent details

Name (Mother): _____ Age _____

Address: _____

_____ Email address: _____

Home Ph No. _____ Mobile No._____

Name (Father): _____ Age _____

Address: _____

_____Email Address: _____

Home Ph No. _____ Mobile No._____

Please tick the box which best describes the adult relationship status of the house where the children live:

Married & living together:		Lone parent	
Married and separated:		Partners raising children together	
Married, separated and in a new relationship - mother		Partners living and raising children together.(1 partner is a step parent)	
Married, separated and in a new relationship - father			

How many children are there in the household: _____?

Section 2; Children Details

Names of children being referred:

_____ DOB: _____ Age:_____

_____ DOB: _____ Age: _____

Childrens Address:

_____

Parents / Guardians Names: _____

Childrens Family Composition

Name	Relation to child	Date of Birth

Name of School: _____ Class_____

Name of G.P. _____ GP phone number_____

Medical History (Including any allergies):_____
_____
_____

What are the child's positive attributes: _____
_____
_____

What are the child's interests/hobbies_____
_____
_____

What is the main presenting issue with the child/family giving rise to this referral:
_____
_____
_____
_____

Please give more details by ticking the following categories if appropriate:

Emotional Difficulties	**Behavioural Problems**	**Neglect Abuse**
❑ Withdrawn/ isolated ❑ Low self esteem ❑ Eating difficulties ❑ Sleeping difficulties ❑ Depressed ❑ Anxious / nervous ❑ Bed-wetting/soiling ❑ Suicidal feelings ❑ Self harming ❑ Tearful ❑ Difficulty making friends Other, please specify: _____ **Comment:**	❑ Hyperactive ❑ Concentration/ attention difficulties ❑ Anger management ❑ Temper tantrums ❑ Aggressive behaviour ❑ Substance abuse ❑ Stealing ❑ School refusal ❑ Poor social skills ❑ Anti-social behaviour ❑ Violence Other. Please specify: _____ **Comment:**	❑ Physical ❑ Neglect ❑ Emotional ❑ Sexual ❑ Domestic Violence Other: Please Specify _____ **Comment:**

Developmental/ Educational Needs

❑ Learning Disability ❑ Developmental delay ❑ Physical disability ❑ Speech and Language difficulty ❑ Motor delay **Any comments**:	❑ Resource teacher, no of hours_____ ❑ Special needs assistant ❑ Classroom assistant ❑ ADHD ❑ Dyslexia ❑ Dyspraxia **Any comments:**

Parent	**Family**
❑ Alcohol/Substance Misuse ❑ Parenting alone ❑ Mental health problems ❑ Seperation and Loss ❑ Health problems ❑ Intellectual/physical disability ❑ Parenting difficulties ❑ Stress ❑ Social isolation ❑ Literacy and numeric difficulties **Any comments**:	❑ Financial difficulties ❑ Domestic violence ❑ Poor housing ❑ Social isolation ❑ Difficulty with extended family ❑ Lack of support ❑ Unemployment ❑ Child in foster care ❑ Child in residential care **Any comments**:

Section3

Is the child/family currently involved with any other Professionals/Agencies

Other Health Agencies involved with the Child and Family	**Other Voluntary Agencies involved with the Child and Family**
❑ Social Worker ❑ Psychology ❑ Counselling ❑ Public Health Nurse ❑ Childcare Worker ❑ Family Therapy ❑ Disability Services ❑ Physiotherapist ❑ Occupational Therapist ❑ Speech and Language ❑ Child psychiatry ❑ Adult Psychiatry ❑ Play/Art/other therapy ❑ Other (specify)_____	❑ Youth Advocacy Programme (YAP) ❑ Schools Completion Programme (NSCP) ❑ Community Development Programme ❑ Travellers Workshop ❑ Barnardos (family welfare conferencing) ❑ Garda Diversionary Project (NYPD) ❑ NDT ❑ Meath youth federation ❑ CARI ❑ Womens refuge ❑ AMEN ❑ Others (specify) _____

What do you hope Springboard can offer the Child/Family:

_____
_____
_____
_____

Form completed by:

Referrer_____ Ph. No. _____

Address_____
_____
_____
_____

Is the parent aware of this referral; Yes / No Date: _____