

Name of main parent completing form (if self-referral) or subject of the referral. <i>Please also state if the main parent is also known by any other names?</i>		Main parent's contact phone number	
Main parent's date of birth		Main parent's email address	
Ethnicity		Does the child have an Autism Diagnosis?	
Present family address		Family present address postcode	
Other recent addresses			
Name, job title and address of person making this referral		Referrer main contact number	
Date of last assessment:		Are there any additional needs the family would like the facilitator to be aware of?	
Date the request was discussed as part of family plan with the family:		Are there any risks/concerns you feel the facilitator needs to be aware of?	

Family information						
First name	Last name	Relationship to parent	Date of birth <i>dd/mm/yyyy</i>	Ethnicity <i>Please see options below</i>	School child attends or is parent working?	Known health issues <i>Disability / MH / No dentist/GP?</i>

Ethnicity

Asian/British Asian

Bangladeshi Other
 Pakistani
 Indian

Black/Black British

African
 Caribbean
 Other

Mixed

White/Asian
 White/Black African
 White/Black Caribbean

Other

Chinese
 Other
 Refused

White

British Eastern European
 Irish Other
 Traveller of Irish Heritage

What is working well? Including parents views & child's voice	What are you worried about? Including parents views & child's voice	What needs to be done? Including parents views & child's voice

Use of personal information

If you would welcome support for your family, then we need your agreement for agencies to co-ordinate any support you may need through sharing information about your family with them. This could include the following agencies: Children's Specialist Services, Schools, Police, National Probation Service, Community Rehabilitation Company, Youth Offending Team, Department of Work and Pensions (including contracted work programme providers), Incommunities, Families First Commissioned Services, your GP, Health Visitors, School Nurses, Family Hub, and Stronger Families. Information will also be shared with Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), for the purpose of helping to provide a good service to your family, and researching and planning improvements to services for children and families.

We collect and process personal and sensitive information in accordance with the General Data Protection Regulation. This information may include details about you/your children's health including NHS Numbers, education and UPN Numbers, welfare and development, home or family circumstances. We use this information:

- To help us work with you to provide an effective service
- To help us improve services through research and planning

In some cases, information may be shared between agencies without consent; for example, where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, we will discuss this matter with you. Reasons for this are:

- If it is believed that a child's/adult's safety or welfare is at immediate risk
- Where it is required to do so by law because of a criminal activity /drug trafficking offences
- Should you or your child fall ill during contact with the service and relevant information needs to be given to a medical professional

Consent for information storage and information sharing

The reasons for sharing information have been explained to me. I give my permission for Bradford Council to obtain personal and /or sensitive information about me and my family for the purposes set out above and agree to my information being shared with and for Prevention and Early Help/Families First/Social Work services.

My explicit consent is freely given, fully informed and I understand that it can be withdrawn at any time. I have been given the opportunity to ask any questions in relation to this referral and the information about me that will be shared and that I can request an update at any time. I have the right of access to personal information held about me and my children and can request this by making an application in writing.

This completed form will be retained by Bradford Council. Information will be stored on a secure electronic system and shared with other organisations as appropriate, and only communicated by secure means. It will be destroyed in accordance with data protection principles and Bradford Council retention policy.

Read our full [Privacy Notice](#).

If you are the Parent/Carer you are also giving your permission to share personal information about young people (under 16) in your care.

Please ensure that consent is clearly documented below BEFORE submitting this form

Parent(s)/ Carer(s)

Signature

Date

Young Person(s)

Signature

Date

FOR OFFICE USE ONLY

Date Inputted:		Worker Inputting (Initials):		Form Scanned:		Form Uploaded to Family File:		Form Returned to Parenting Co-ordinator:	
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