**Caring Dads Referral Form**

Please complete all sections of the form below and return to Welcare (details on final page)

**How did you hear about us?**

|  |
| --- |
| **Reason for referral.** What do you think might be the benefits of attending the Caring Dads Programme? |

|  |  |
| --- | --- |
| **Participant’s name** |  |
| **Date of birth** |  |
| **Identifying gender** |  |
| **Ethnicity** |  |
| **Relationship status with other parent / carer** | **Separated** Yes / No**Living together** Yes / No |
| **Any additional needs (medical, educational, disability etc)** |  |
| **Any allergies or dietary requirements** |  |
| **Previous convictions/injunctions any court action pending?** |  |
| **Address**  |  |
| **Postcode** |  |
| **Phone number** |  |
| **Email** |  |

**The Caring Dads programme needs full details of the man’s current partner and any previous partners that the man shares parental responsibility with**

**Current or last partner**

|  |  |
| --- | --- |
| **Partner’s name** |  |
| **Date of birth** |  |
| **Ethnicity** |  |
| **Address**  |  |
| **Postcode** |  |
| **Phone number** |  |
| **Email** |  |
| **Does this partner have children?** | Yes / No |
| **Can they be contacted?**  | Yes / No |
| **History of domestic abuse in current / last relationship** |  |

**Previous partner (if applicable)**

|  |  |
| --- | --- |
| **Partner’s name** |  |
| **Date of birth** |  |
| **Ethnicity** |  |
| **Address**  |  |
| **Postcode** |  |
| **Phone number** |  |
| **Email** |  |
| **Can they be contacted?**  | Yes / No |
| **History of domestic abuse in relationship** |  |

**Children the participant is responsible for or has contact with**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Gender** | **Date of birth** | **Relationship to participant** | **Contact and residence arrangements** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Is this a self-referral?** Yes / No

**If no, please provide referrer’s details:**

|  |  |
| --- | --- |
| **Referring organisation** |  |
| **Nature of referrer’s professional involvement** |  |
| **Name** |  |
| **Job title** |  |
| **Phone number** |  |
| **Email** |  |
| **Will you remain the allocated professional throughout the programme**  | Yes / No |

**Other Professionals involved**

(Eg. health visitor, social worker, CAFCASS officer, probation officer, IDAP programme, VVP programme, other voluntary sector)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Worker** | **Agency** | **Phone number** | **Email** | **Details of involvement** | **Consent to contact them** |
|  |  |  |  |  | Yes / No |
|  |  |  |  |  | Yes / No |
|  |  |  |  |  | Yes / No |

**Are there any risks that Welcare should be aware of?**

|  |
| --- |
| **In considering risk, the referrer may find it helpful to consider the following factors – drawn from the SARA risk assessment form** |
| Recent Separation |  |
| Pregnancy or new birth |  |
| Escalation of violence and abuse |  |
| Stalking |  |
| Sexual abuse or assault |  |
| Violence to other family members |  |
| Violence outside the home |  |
| Use of weapons |  |
| Suicidal or homicidal ideation or intent |  |
| Violation of Court orders |  |
| Credible threats of death or injury |  |
| Extreme minimisation, denial of history of partner assault |  |
| Other   |  |

|  |
| --- |
| **Any other information that Welcare should be aware of**? (Include issues relating to language, culture, mental health, disability etc)  |

**Please note that making a referral does not mean that Welcare will automatically be able to support the participant.** All participants will be contacted and where it is deemed that we are not able to support them they may be signposted to other agencies. The referring agency will be notified if we are unable to offer support.

**DECLARATION**

I have agreed to share the above information with Welcare, other professionals and services relevant to my journey of change, unless otherwise stated, in accordance with their data protection and GDPR polices. I have agreed to the upload and storage of information onto Lamplight, Welcare’s secure database.

**Signature of participant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of the participant is not required if verbal consent has been obtained.

**Has verbal consent been obtained by the participant? Y/N**

**Signature of referrer (electronic signatures accepted)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES FOR REFERRERS**

Please return the referral form to info@welcare.org.

**Welcare, 48 Union Street, London, SE1 1TD**

Please note that making a referral does not mean that Welcare will automatically be able to support the family. All families will be contacted and where it is deemed that we are not able to support them they may be signposted to other agencies. The referring agency will be notified if we are unable to offer support. You should expect a confirmation of receipt of your referral within 1 working week.

**Data Protection**

Welcare is committed to protecting the personal information which you provide to us in order to access our child and family support services. When you provide this information we are legally obliged to use your information in line with all applicable laws concerning the protection of personal data, including the General Data Protection Regulation (GDPR) which came into force on 25 May 2018.

\*We are committed to promoting equality and diversity in all that we do and we collect diversity and equality information to demonstrate to those who fund us that our services reflect the diversity of the communities we serve. Under article 9 (2) (a) of the GDPR, we need your explicit consent to process personal data of this type.

We keep our Privacy Policies under regular review. They can be found at www.welcare.org/policies.

Please contact us if you have any questions or queries at:

**The Data Controller, Welcare, 48 Union Street, London SE1 1TD**

If you would like to apply for access to the information we hold about you please apply in writing using a form (appendix to Service Users – Access to Client Information Policy) which you can request from your Welcare worker or by emailing info@welcare.org