Welcome to Supporting Links.
Please complete this form to access our services.

Phone	**01442 300185**	**Email**	**bookings@supportinglinks.co.uk**	**Mobile:**	**07512 709556**

I am referring myself	☐ Yes	I am referring someone else	☐ Yes

6 Week Course	☐ Talking Additional Needs	☐ Talking Teens	Course ID:	
	☐ Talking Families	☐ Talking Dads		

All personal information taken, for the purposes of making this booking, will be held securely in accordance with our GDPR Policy, a copy of which is available on request.

Parent/Carer Name			
Address			
Postcode			
Mobile Phone		Email	

White	**Black**	**Asian**	**Mixed**	**Other**
☐ White British	☐ Caribbean / British Caribbean	☐ Indian / British Indian	☐ White & Black Caribbean	☐ Chinese
☐ White Irish	☐ African / British African	☐ Pakistani / British Pakistani	☐ White & Black African	☐ Arab
☐ Traveller of Irish Heritage	☐ Any other Black background	☐ Bangladeshi / British Bangladeshi	☐ White & Asian	☐ Any other ethnic background
☐ Gypsy / Roma		☐ Any other Asian background	☐ Another other mixed background	☐ Not disclosed
☐ Any Other White background				

Parent/Carer Needs Is there anything that we need to know about you that will help us to support you? Please provide details.	☐ Communication and learning e.g. language, writing or reading	
	☐ Mobility or physical issues e.g. vision/hearing impairment	
	☐ Emotional Wellbeing e.g. anxiety or mental health	

	Age	SEN or Disability	**Children's Needs:** Please include physical, emotional, mental health or behavioural concerns.
1		☐Yes ☐No ☐EHCP	
2		☐Yes ☐No ☐EHCP	
3		☐Yes ☐No ☐EHCP	
4		☐Yes ☐No ☐EHCP	
5		☐Yes ☐No ☐EHCP	
6		☐Yes ☐No ☐EHCP	

Family Needs It helps us to know some brief details about why you are asking us for help. All information is treated with the strictest of confidence.	☐ Risky behaviour	
	☐ Aggressive behaviour	
	☐ Addiction	
	☐ School attendance	
	☐ Parental conflict	
	☐ Boundaries	
	☐ Child with complex needs	

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	☐ Abusive behaviour	

Please provide any other information about your reason for referral here: e.g. What do you hope to gain or understand? What are you hoping to change?	

Existing Support Please provide brief details if any support from these places has been received in the past year.	☐ Children's Services: Child Protection/Safeguarding ☐ Children's Services: Child in Need	
	☐ Early Help/Intensive Families/FFA	
	☐ School Family Support Worker	
	☐ Family Centre Outreach	
	☐ CAMHS/Step 2 (for mental health)	
	☐ CAMHS/Paediatrician (for ASD/ADHD)	
	☐ Health Visitor or School Nurse	
	☐ Other (please state):	

Please return your completed referral forms to: bookings@supportinglinks.co.uk

For Professional Referrals ONLY				
Your name:		**Position**		
Email:				**Please confirm the date upon which you explained this to your client**
Phone:				
To refer a client to our parenting courses, please first check the course you wish them to attend by looking on our website for our current course offers: http://www.supportinglinks.co.uk/whatson.html	I have have spoken to my client about this course and they are happy to attend	☐Yes ☐No		
	My client can attend all the sessions	☐Yes ☐No		
	If there is a history of drug/alcohol abuse, my client knows that they will not be allowed to attend the course if they arrive under the influence of any substance.	☐Yes ☐N/A		
	To help us be safe and appropriate please inform us if this family has a history of domestic abuse, drug and/or alcohol misuse or mental health issues.			
PLEASE SUBMIT SECURELY USING HERTS FX (PREFERABLY) OR PASSWORD PROTECTED EMAIL				

Whilst we are happy to take your referral, the booking will only be finalised once we have spoken to the client. We will attempt to contact your client three times after which we will revert to you and ask that your client contacts us should they wish to attend a course. We only confirm bookings with the client themselves. You may wish to print this form to pass to your client, so they have the relevant information to confirm the booking.