

## HOW TO MAKE A REFERRAL

If you would like to make a referral to Greenwich Mencap Children's Service, please fill out this form and return it to the team.

<p>By Post: <b>Children's Service Greenwich Mencap The Forum @ Greenwich Trafalgar Road Greenwich London, SE10 9EQ</b></p>	<p>By Fax: <b>020 8305 2245</b></p> <p>By Email: <b>Rachel@greenwichmencap.org.uk</b></p>
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<p>Alternatively, if you would prefer, you can make the referral by telephone and a member of the team will complete the form.</p>	<p>By Phone: <b>020 8305 0321 or 020 8293 5947</b></p>
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## BACKGROUND DETAILS

Name:	Male/Female:	DOB:
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Address:

Post Code:

Ethnicity:	Religion:
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Preferred language/ communication method:

Details of disability and/or diagnosis:

Is the child on the Disability Register? Yes  No

Details of any benefits and/or services received:

## FAMILY DETAILS

Parent/ Carer:	Relationship with child:
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Home Tel:	Mobile:
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Details of family members living in household (e.g. siblings – including ages and disability):

**REFERRAL DETAILS**

Referrer:	Date of Referral:
Agency:	Designation:
Address:	
Tel No:	
<u>Reason for Referral:</u> (Please include any additional sheets, reports, or other useful information)	
Is the family aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the family in agreement with referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**OTHER AGENCIES**

Contact details of other Agencies involved with the family:
Does the family give permission for us to contact other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has confidentiality and safeguarding been explained to the family? Yes <input type="checkbox"/> No <input type="checkbox"/>

**EDUCATION DETAILS**

School:	
Contact:	Designation:
Address:	
Tel No:	
Details of special educational needs:	School Action <input type="checkbox"/> School Action Plus <input type="checkbox"/>
Other information:	Statement <input type="checkbox"/> Allocated LSA Hours:

**ACTION TAKEN (For Greenwich Mencap use only)**

Name:	Date:
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