



Sligo Family Resource Centre
49/50, The Mall, Sligo. F91HR58 / F91 VY86/ 071 91 46315 / 0879983937 familysligofrc@gmail.com

Form 1 Referral Form

	First Name	Surname	Date of birth
Mother			
Father			

Address:

Phone number:

Language spoken in home:

Country of origin:

Other relevant information:

Children's name(s), date of birth and age(s), pre-/school attendance:

Name		Date of birth	Age	Pre-school/school attended
First name	Surname			

Referring agency:

Position:

Name of contact person:

Phone number:

Since when is this family known to your service:

Is this family open to Social Work? *If yes, what status:*

Are there concerns about child protection? Yes No

Contact details for other services involved (Name, position, contact detail)

Please provide any other relevant information on family i.e. previous intervention

Presenting NEEDS of the family

Please specify the SUPPORT the family support worker will provide

Practical support e.g. getting children ready for school/preschool; helping with homework; preparing meals, assisting with shopping

Emotional support e.g. listening; being there when someone feels alone or positive encouragement.

Information/ Advice support e.g. advice on house-keeping; parenting; how to access other services or budgeting.

Which of the following Sligo FRC services are relevant to this referral (please tick)

Footprints sessional drop in crèche	
Access visits	
Summer camp	
Parent and toddler group	

Family's attitude/ expectations of the service

Suggested amount of visits the Family support worker will provide per week:

Planned OUTCOMES

Please assign a 'level of need' according to the Hardiker model (see description below) by ticking the relevant box:

- Level 1 Universal - Universal services and community development available to all children
- Level 2 Additional - Support services for children and families in need
- Level 3 Complex - Services for children and families with serious difficulties
- Level 4 Acute - Intensive long-term support and rehabilitation for children and families

Please confirm that you have discussed this referral with the parent/family. Yes No

Have you received their consent to refer them to our service? Yes No

Signed _____ Print Name _____ Date _____