



**Ballymun Strengthening Families Programme
Referral Form 2011 (For teens 12-16 years old)**

Please fill out the form below with details of the family to help the SFP Committee understand the needs of the family.

All information contained herein is confidential and will not be shared with parties outside of the SFP team.

Closing Date: August 12th, 2011

For Office Use: Sep 2011
 Start Date: _____
 End Date: _____
 Graduation: _____
 Booster Session: _____

Section A General Family Information

Family Name _____
 Address _____

Home phone: _____
 Mobile: _____

Section B Referrer Details

Primary Referring Agency:

Agency Name: _____ Phone: _____ Email: _____
 Support Worker: _____ Phone: _____ Email: _____

Secondary Agencies – other agencies/services the family is involved with:

	Organisation	Nature of Contact	Frequency	Support Worker
1.				
2.				
3.				

Please list the school(s)/education centre(s) involved with the teen(s):

Have these agencies & school(s) been notified of the family's application to SFP? Yes / No

Agreed Secondary Agency: _____ **Secondary Support Worker:** _____
 Phone: _____ Email: _____

(A Secondary Agency may be contacted in the event that the Primary Referrer is not reachable, or is no longer involved with the family.)

Section C Family Profile:

Parent / Care Giver	Attending SFP (✓)	Relationship to Teen

Teens and Children: (please list all children & teens in the family and indicate which teen(s) from this family will attend SFP, and which children will require childcare):

Name	M/F	Date of Birth	Age	SFP (teens)	Childcare (up to 12 yrs)

What does the family hope to achieve through SFP?

Are there any obstacles or barriers which could prevent the family from fully participating on this 15 week evening programme? (e.g. other commitments, courses, travel, etc) Yes / No If yes, please give details:

Section D Other Information:

Please detail medical information for parents/teens/children who are applying to attend the programme (physical or learning disabilities or mental health concerns):

Please give details of any other information you think may be necessary:

Section E Agreement and Consent

Referral Agent: (Roles and Responsibilities are detailed in SFP Ballymun Resource Pack)

1. I understand and agree to the Role of Referral Agents Yes / No
2. I agree to support this family as described in the Role of the Referral Agent Yes / No

Signed: _____ **Date:** _____

Parental & Family Consent: (Parent/Legal Guardian to sign)

I/We understand the details of the Strengthening Families Programme and I/we consent for my/our family to take part in this programme over 15 weeks. I/We also understand that ongoing contact will be made with my/our Referral Agents, as those listed above, to support our SFP process over 15 weeks.

Signed: _____ **Date:** _____

Please return completed forms to: Strengthening Families Programme

c/o Cliodhna Mahony
Axis Centre, 2nd Floor
Ballymun
Dublin 9

Ph: 01 8832142

Cliodhna@ballymundtf.ie