**Referral form - DART programme**

**Brathay in Bradford**

**We welcome self-referrals into our service and aim to be as inclusive as possible. If you would like any help with filling in this form, please do not hesitate to contact us on 07739646155. We also welcome informed referrals from other services that support you.**

**CONFIRMATION THAT CONSENT IS GIVEN FOR THIS REFERRAL TO BE MADE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent being referred** | | **Referrer** (I confirm that I have discussed this referral and the details of the DART programme with the parent named here) | |
| **Name** |  | **Name** |  |
| **Signature** |  | **Signature** |  |
| **Date** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY AND REFERRER DETAILS:** | | | |
| **Referred parent name:** |  | **Ethnicity** |  |
| **Referred child name** |  | **Ethnicity** |  |
| **Referred child DOB** |  |  |  |
| **Address** |  | | |
| **Postcode** |  | **Telephone / mobile:** |  |
| **Can we leave a voicemail message?** | **Yes □ No □** | **Referring agency** |  |
| **Do you need an interpreter?** | **Yes □ No □** | **Referrer’s email address** |  |
| **If yes, which language?** |  | **Referrer’s contact telephone/ mobile** |  |

**Do you or have you ever lived in ANY of the following types of accommodation? Tick any that apply.** (Note to referrer – accommodation type determines eligibility for support)

|  |  |  |  |
| --- | --- | --- | --- |
| Refuge Accommodation | **Yes □ No □** | Sanctury Schemes | **Yes □ No □** |
| Dispersed Accommodation ‘semi- independent’ | **Yes □ No □** | Second stage (Moving on) Accommodation | **Yes □ No □** |