



## **PARENT WELLBEING SERVICE** **BARNARDO'S REFERRAL FORM**

This form is to be used by anyone referring a parent/carer to the Barnardo's Parent Wellbeing Service outside of the Mindworks Surrey Access and Advice referral pathway.

### **A. PARENT/CARER INFORMATION**

Family Name:		Forename/s:	
Preferred Name:		D.O.B (mandatory):	
NHS Number (mandatory):		GP Surgery, incl. postcode (mandatory):	
Gender:		Ethnicity:	
Preferred Pronouns:		Religion:	
Sexual Orientation:			
Primary language:		Disability or learning needs (if any):	
Is an interpreter or signer required? Y <input type="checkbox"/> N <input type="checkbox"/>			
Does the family have a social worker? Y <input type="checkbox"/> N <input type="checkbox"/>			
If Yes, please give details:			
Address:			
Postcode:		Home Phone:	Mobile phone:
Email address:			
What does the parent/carer think they need support with?			
What support do you need regarding			

your child/young persons mental health?  What would the parent like to achieve from our support?	
Has the parent/carer agreed to this referral being made to Barnardo's? (If no, state reason) <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	

**B. CHILD/YOUNG PERSON DETAILS**

Child/Young Person Name:	
Child/Young Person Address (if different):	
Is the child/young person with the Community Wellbeing Team?	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>

**D. REFERRER DETAILS**

Name of worker completing this referral (Please print)	
Agency	
Telephone Number	
Email Address	
Reason for Referral	
Known Risks	
Other Supporting Information	

**D. OTHER AGENCIES INVOLVED**

Please name key agencies involved with this young person	Phone Number	Email

**Please return forms to the Parent Wellbeing Service:**

**Address:** Barnardo's Parent Wellbeing Service, Barnardo's Surrey Wellbeing Hub, Regus 107A & 107B, Dorset House, Regent Park, Kingston Road, Leatherhead, KT22 7PL

**Email:** [PWS@barnardos.org.uk](mailto:PWS@barnardos.org.uk)