**BRIGHTER FUTURES**

**UNIVERSAL REFERRAL FORM**

**GDPR compliant**

**MUST be completed with the client**

**‘Level at Referral’– classed as universal on database for admin purposes**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Surname (Adult) | | | Client Forenames |
| Title | DOB of client | EDD | Client’s First Language  English |
| Telephone contact  Mobile:  Home:  Work:  Email Address: | | | Current level in line with Safeguarding Guidelines (please tick correct box)  Universal Level  Early Help  Child In Need  Child Protection |
| Is the client in employment (Please circle) as this may affect the client’s availability for certain programmes  Not in employment Full-time employment Part-time employment Currently on maternity leave | | | |

|  |  |
| --- | --- |
| Address | Please circle Yes (Y) No (N)  Client aware of Brighter Futures programmes: Y/N  Client provided with Brighter Futures leaflet: Y/N |

**FAMILY: CHILD(REN) / SIGNIFICANT OTHERS (if relevant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Members | Relationship to Client | D.O.B. | School / Pre-school | Holds Parental  Responsibility |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Is this a ‘MECSH’ Family?  YES/NO  Previous engagement  Current engagement  MECSH due | Is this family involved with the Early Help Programme?  YES/NO  Previous engagement  Current engagement  Early Help due | Is this referral as a result of a MASH Enquiry?  YES/NO |

Supporting Key Agencies if relevant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency** | **Contact Name** | **Contact**  **Tel:** | **Agency** | **Contact Name** | **Contact**  **Tel:** |
| ⬜ GP |  |  | ⬜ Midwife |  |  |
| ⬜ Health Visitor |  |  | ⬜ Other |  |  |
| ⬜ Other |  |  | ⬜ Other |  |  |

Any contact with named agencies will only be made **with the consent of / at the request of the client.**

**However, no consent is required if there is a safeguarding issue: i.e. potential risk to the client themselves or somebody linked to the client.**

**Reason for referral**

|  |  |
| --- | --- |
| Views of Parent/Carer | Views of Referrer |

**REFERRER’S DETAILS:**

|  |  |  |
| --- | --- | --- |
| Name | Tel No(s) | Date |
| Agency | E-mail address | |

|  |  |
| --- | --- |
|  | By ticking this box and signing this referral form you are confirming that you are the data controller and are passing this information to us to become the data processor. You are also confirming that your company / department is GDPR compliant. |

Signed by referrer: ................................................... Job Title: .............................................

**THIS REFERRAL MUST BE SIGNED BY THE CLIENT**

Potential client name: ………………………………………………………..

Potential client signature: ……………………………………………………

Date: …………………….……………………………………………………..

|  |  |
| --- | --- |
|  | I give my consent for Brighter Futures to share my data with any agencies, if agreed with myself, listed on page 2, under section Key Agencies. I understand that consent is not required if there are safeguarding concerns. |
|  | I confirm I have been provided with a copy of Brighter Futures Privacy Policy and have read and understood the document. |