**Orchard House Caring Dads Referral Form**

Please include a completed Risk Assessment form when submitting this application.

**Details of referrer**

|  |  |
| --- | --- |
| Date of Referral  |  |
| Referrer’s Name |  |
| Organisation |  |
| Professional Involvement |  |
| Email  |  |
| Telephone |  |
| Address  |  |

**Details of father being referred**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name  |  | DOB  |  |
| Email |  | Telephone |  |
| Address |  | Ethnicity |  |
| Additional Needs(Literacy, disability etc). |  |
| Mental health or substance misuse problems?  |  |
| Previous convictions orinjunctions? |  |
| Current court involvement  |  |
| Reason for Referral  |  |

The Caring Dads programme requires details of the women with whom the father has or has had an intimate relationship.

**Details of mother**

(If more than one please list in additional information section)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name  |  | DOB  |  |
| Telephone |  | Address |  |
| Ethnicity |  | Additional Needs |  |
| Brief detail of any history of domestic abuse in relationship with father being referred?  |  |

**Parental relationship:**

[ ]  Together

[ ]  Separate

**Details of child/children**

(Please include those the referred father are responsible for or has contact with)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name  | DOB (dd/mm/yyyy) | Mother | Who child lives with | Contact Arrangements |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Professional Involvement**

(Please specify any professional involvement with the father, mother, or children such as social worker, CAFCASS, probation, health visitor etc).

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Contact | Involved with |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |
| --- |
| Additional relevant information if applicable |
|  |

**Signature of client**

I agree to being referred to the Caring Dads programme. I have discussed it with the referrer, and they have explained the reasons for the referral with me.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed  |  | Date |  |

**Signature of referrer**

I have discussed this referral with my client, detailed above.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed  |  | Date |  |