**Aiming Higher Referral form**

* **Please ensure ALL sections are completed thoroughly. In the case the form is not completed with enough information the referral may be returned and this would delay the family being offered support from our service. Please return completed form to** [**referrals@aiminghighercharity.org.uk**](mailto:referrals@aiminghighercharity.org.uk?subject=Referral%20Form)

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| **OFFICE USE ONLY** | ***Your data will be kept in accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679. This will be held securely and confidentially. Aiming Higher is registered with the Information Commissioners Office (Reg No ZA187596)*** |
| Date Referral Received |

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| **Parent/Carer Details 1** | | Relationship to child with disability: | | |
| Title: | First Name: | | | Surname: |
| Address & Postcode: | | | | |
| Gender: | | | Date of Birth: | |
| GP Surgery: | | | Ethnicity: | |
| Contact Number: | | | Email: | |

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| **Parent/Carer Details 2** | | Relationship to child with disability: | | |
| Title: | First Name: | | | Surname: |
| Address & Postcode: | | | | |
| Gender: | | | Date of Birth: | |
| GP Surgery: | | | Ethnicity: | |
| Contact Number: | | | Email: | |

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| **Parent/Carer Further Information** |
| Do you have a disability or any form of ill health (including mental health)? |
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| **Details of Child 1 with Disability** | | |
| **1)** Name: | Date of Birth: | |
| School: | Ethnicity: | Gender: |
| GP Surgery: | EHC Plan? | |
| Disability/Additional Need? | | |

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| **Details of Child 2 with Disability** |  | |
| **2)** Name: | Date of Birth: | |
| School: | Ethnicity: | Gender: |
| GP Surgery: | EHC Plan? | |
| Disability/Additional Need? | | |

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| **Additional Children/Siblings (Aiming Higher support the whole family and include siblings wherever**  **possible.)** | | |
| **Sibling Details:** | | |
| Name: | Date of Birth: / / | |
| School: | Ethnicity: | Gender: |

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| Name: | Date of Birth: / / | |
| School: | Ethnicity: | Gender: |

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| Name: | Date of Birth: / / | |
| School | Ethnicity: | Gender: |

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| **Are any of the following in place? Parental consent must be in place to attach these documents to this referral.** | **Yes** | **No** | **Attached** |
| Early Help Assessment |  |  |  |
| Child in Need Plan |  |  |  |
| Child Protection Plan |  |  |  |

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| Are there any known risks we need to be aware of? (for example: volatile behaviour in the home, dogs, disputes with neighbours, drug/alcohol use) |

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| **Details of all Current Support/Services Involved with the family (eg. Doctor/Specialist, Health visitor, CAMHS, SENCO)** | | |
| Organisation | Contact Name | Contact Number |
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| **Services available at Aiming Higher:**  **Please tick all services you are interested in accessing.**   * Once a month Family Activity * Counselling (Over 18s and not currently receiving mental health support elsewhere) * 0-5 Years Groups (Pre-schoolers, term time only) * Family Support * A-Team (youth group for YP aged 11–25-years with a diagnosis of ASD with a Blackpool postcode)   **What support do you and your family require?**  **Please bullet point any actions or support needs identified that requires Aiming Higher intervention:**   * **For example – child in need of additional support at school, advice on EHCP process** * **For example – Family have financial/housing issues due to child’s needs, advice on budget/benefits/housing applications.** * **For example – Parent struggling to manage child’s needs/behaviour, advice on behaviour management/counselling.** |

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| **Referrer Details** | | |
| Is this a Self-referral? **(if no please complete referrer details below.)** | Yes | No |
| Name: | Organisation: | |
| Job Title: | Contact No: | |
| Signature: | Referral Date: | |

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| **Consent Details (all consent may be withdrawn at any time in line with UK data protection laws)** | | |
| Has the parent/carer consented to this referral? | Yes | No |
| Has the parent/carer consented to Aiming Higher making contact  directly with them by phone? | Yes | No |
| Has the parent/carer consented to Aiming Higher making contact  directly with them by email? | Yes | No |
| Has the parent/carer consented to Aiming Higher adding them to their  email mailing list? (to receive details of events, activities and their  quarterly newsletter. This mailing list is never shared or sold to other  parties) | Yes | No |
| Has the parent/carer consented to the sharing of any documents  attached to this form? | Yes | No |