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**Covid Response to Children with Additional Needs**

*Funded by The Toy Show Appeal*

**REFERRAL FORM**

**Section 1: Parent’s Details**

|  |  |  |
| --- | --- | --- |
| Mother | Father | |
| Name: | Name: | |
| Address: | Address (if different): | |
| Mobile: | Mobile: | |
| Email: | Email: | |
| Legal Guardian: YES ⁫ NO ⁫ | Legal Guardian: YES ⁫ NO ⁫ | |
| Who do child(ren) reside with: | | |
| **Please tick if you are linked with any of the following services:** | | |
| Meath Springboard Family Support Services | | 🞏 |
| Trim Family Resource Centre | | 🞏 |
| Kells People’s Family Recourse Centre | | 🞏 |
| East Coast Family Resource Centre | | 🞏 |
| Navan Family Resource Centre (Tusla PPFS) | | 🞏 |

**Section 2: Services You Require for your Child**

|  |  |  |
| --- | --- | --- |
|  | **Type of service** | **Please Tick** |
|  | Counselling/Play Therapy | ⁫ |
|  | Confident Me Programme | ⁫ |

**Section 3: Children’s Details (please tick beside the child you are referring)**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Referred for service |
|  |  |  |
|  |  |  |
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**What are the reasons for this referral being made?**

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**Are there any other agencies or services working with the family?**

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| --- |
| **By signing below you are declaring that you are giving consent for the information on this form to be stored by us electronically using an online storage. The information will be used to ensure Meath Springboard can provide an effective service to the family, which will include making contact with the referrer and the parents. Meath Springboard will treat all information with the utmost respect and adheres to General Data Protection Regulations 2018. Please contact us at info@springboardnavan.ie for more information on our Data Protection Policies and Procedures.**  **Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**If the referrer is not a member of the family please complete the following:**

|  |  |
| --- | --- |
| **Name:** | **Profession:** |
| **Tel:** | **Email:** |
| **Nature of contact with family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**Please return the completed referral form to Meath Springboard Family Support Services, Mangan House, Clonmagadden Road, Windtown, Navan, Co Meath, C15 X70F**

   