Please return completed form to

FFISgroupprograms@hounslow.gov.uk

 Family First Intensive Support

Hounslow House, Bath Road, Hounslow, TW3 3EB

Tel: 0208 583 5985

**123 MAGIC BEHAVIOUR MANAGEMENT PROGRAMME**

**Please complete ALL sections**

1. **Referrer Details**

|  |  |
| --- | --- |
| **Referrer name:**  | **Organisation:**  |
| **Role:**  | **Address:**  |
| **Email:** | **Telephone:** |

|  |  |
| --- | --- |
| **Have parents/carer consented to referral?** | Yes/No |
| **Date consented NB please ensure parent knows what the programme is about before they consent, and check start date** |  |
| **Date referral completed** |  |

**The programme is being delivered online via Microsoft Teams. Please ensure you put parents’ email address below as confirmation letter and Teams link will be emailed to the parents.**

1. **Family Composition & Details**

**Parent/Carer**

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Relationship to child:** | **Relationship to child:**  |
| **D.O.B:**  | **D.O.B:** |
| **Address:**  | **Address:**  |
| **Ethnicity:** | **Ethnicity:**  |
| **Phone number:** | **Phone number:** |
| **Email Address\*:(Needed as it is an online programme)** | **Email Address\*:(Needed as it is an online programme)** |

**Details of Child/children/Young Person with the additional need(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  |  |  |
| **Gender** |  | **Diagnosed /Undiagnosed** |  |
| **D.O.B** |  | **Any medication** |  |
| **Ethnicity** |  | **Any other information facilitator needs to know** |  |
| **School/ Year** |  | **LCS Number (if known)**  |  |

**Any other siblings:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **D.O.B** | **Gender** | **School/Year** | **Any diagnosis/special needs** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Communication**

|  |
| --- |
| **Is English the family’s first language: Yes [ ]  No [ ]**  |
| **If no, please state the first language <Main spoken language>** |
| **~~Is interpreter required Yes [ ]  No [ ]~~** **NB We cant provide an interpreter as it is group online** |

|  |
| --- |
| **Please state below your concerns and what you wish to achieve from the behaviour management programme.**  |
|  |

**Please submit the completed form to** **FFISgroupprograms@hounslow.gov.uk**

**Once referral is received, we will make contact via phone or email to inform parent of the start date of the programme. Thank you.**