Please return completed form to

[FFISgroupprograms@hounslow.gov.uk](mailto:FFISgroupprograms@hounslow.gov.uk)

Family First Intensive Support

Hounslow House, Bath Road, Hounslow, TW3 3EB

Tel: 0208 583 5985

**SURVIVING YOUR ADOLESCENTS 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 Young Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **D.O.B.** |  |
| **Gender** |  | **Ethnicity** |  |
| **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.** |
|  |

**Referrer** must complete the below questionnaire:

|  |  |
| --- | --- |
| **For each line, circle a number from 1 to 5:** | **1 never, 2 rarely, 3 sometimes, 4 frequently, 5 always** |
| Are there concerns about the child’s overall safety? | 1 2 3 4 5 |
| Does the child regularly miss school? | 1 2 3 4 5 |
| Are there concerns about alcohol and/or substance usage with the child or family? | 1 2 3 4 5 |
| Does the child associate with peers of concern? | 1 2 3 4 5 |
| Does the child show aggressive behaviour towards parents, carers, family, friends etc? | 1 2 3 4 5 |
| Does the child know how to use technology safely? | 1 2 3 4 5 |
| Does the parent(s) report positive attributes about their child? | 1 2 3 4 5 |
| Does the parent(s) show self-reflexivity about their own parenting style? | 1 2 3 4 5 |
| Does the child have a mental health diagnosis, learning or physical disability? |  |

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