



PARENT WELLBEING SERVICE **BARNARDO'S REFERRAL FORM**

This form is to be used by anyone referring a parent/carer to the Barnardo's Parent Wellbeing Service outside of the Mindworks Surrey Access and Advice referral pathway.

A. PARENT/CARER INFORMATION

Family Name:		Forename/s:	
Preferred Name:		D.O.B (mandatory):	
NHS Number (mandatory):		GP Surgery, incl. postcode (mandatory):	
Gender:		Ethnicity:	
Preferred Pronouns:		Religion:	
Sexual Orientation:			
Primary language:		Disability or learning needs (if any):	
Is an interpreter or signer required? Y <input type="checkbox"/> N <input type="checkbox"/>			
Does the family have a social worker? Y <input type="checkbox"/> N <input type="checkbox"/>			
If Yes, please give details:			
Address:			
Postcode:		Home Phone:	Mobile phone:
Email address:			
What does the parent/carer think they need support with?			
What support do you need regarding			

<p>your child/young persons mental health?</p> <p>What would the parent like to achieve from our support?</p>	
<p>Has the parent/carer agreed to this referral being made to Barnardo's? (If no, state reason)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	

B. CHILD/YOUNG PERSON DETAILS

Child/Young Person Name:	
Child/Young Person Address (if different):	
Is the child/young person with the Community Wellbeing Team?	Y <input type="checkbox"/> N <input type="checkbox"/>

D. REFERRER DETAILS

Name of worker completing this referral (Please print)	
Agency	
Telephone Number	
Email Address	
Reason for Referral	
Known Risks	
Other Supporting Information	

D. OTHER AGENCIES INVOLVED

Please name key agencies involved with this young person	Phone Number	Email

Please return forms to the Parent Wellbeing Service:

Address: Barnardo's Parent Wellbeing Service, Barnardo's Surrey Wellbeing Hub, Regus 107A & 107B, Dorset House, Regent Park, Kingston Road, Leatherhead, KT22 7PL

Email: PWS@barnardos.org.uk