CLAN CHILDREN AND FAMILY SERVICE

REFERRAL GUIDANCE

Please complete all sections of the form as accurately and fully as possible this will allow for the referral to be processed in a timely manner.

CONFIDENTIALITY/DATA PROTECTION

The information on this form will be added on the projects database, for administration, service delivery, monitoring and evaluation. The data obtained from this referral form will be stored and shared in accordance with the Data Protection Act 1998

Personal details will not be shared with any other professionals or partner agencies without obtaining prior consent.

PARENT/GUARDIAN CONSENT

The person who signs this form must have legal responsibility for the child/young person. In the case of Looked After Children the referrer must ensure that the Social Work Department involved are aware of the referral.

TIMESCALES

CLAN's Children and Family Service will aim to make contact with the referrer and family referred within a 2 week period of receiving the referral to discuss next steps. Should this require a more prompt response please indicate this on the referral form.

Please return completed referral forms to:

IONA MITCHELL
CHILDREN AND FAMILY SERVICE MANAGER
CLAN HOUSE
120 WESTBURN ROAD
ABERDEEN
AB25 2QA
iona.mitchell@clanhouse.org

CONFIDENTIAL

UNDER THE 1998 DATA PROTECTION ACT, WE ARE REQUIRED TO OBTAIN THE CLIENT'S CONSENT ON ALL INFORMATION KEPT. CLIENT RECORDS ARE KEPT CONFIDENTIAL AND WILL BE USED ONLY BY CLAN PERSONNEL. ALL INFORMATION WILL BE KEPT SECURE AND THERE WILL BE NO DISCLOSURE OUTWITH CLAN WITHOUT THE CLIENT'S PRIOR CONSENT.

CHILDREN AND FAMILY SERVICE – REFERRAL FORM

CLIENT'S FULL NAME:

LIKES TO BE KNOWN AS:

ETHNICITY:

DATE:

INFORMATION RECORDED BY:

DATE OF BIRTH:

HOME ADDRESS:

TELEPHONE NUMBER:

EMAIL ADDRESS:

PREFERRED FORM OF COMMUNICATION: PHONE/EMAIL/TEXT/POST

FAMILY MEMBERS/RELEVENT PEOPLE

Name	DOB/AGE (Please Complete)	Relationship to Client	Lives with Client (Y/N)

NAMED PERSON/ PROFESSIONALS INVOLVED

Name	Role	Address	Tel Number

CLIENT STATUS (Tick all that apply)

- ☐ **Cancer Patient**
- ☐ **Carer**
- ☐ **Friend**
- ☐ **Relative**
- ☐ **Spouse/Partner**

FAMILY CIRCUMSTANCES (Health, Employment Status, Family Structure, Relationships)

REASON FOR REFERRAL TO CLAN SERVICES (Tick all that apply)

- ☐ **Therapeutic support to child**
- ☐ **Therapeutic support to parent/carer**
- ☐ **Therapeutic family work**
- ☐ **Consultation with professional involved with Child/Young Person**
- ☐ **Advice/Guidance**
- ☐ **Access to resources**
- ☐ **Membership to Children's Activity Groups**
- ☐ **Membership to Teens Activity Group**
- ☐ **Other**

OUTCOMES HOPED TO BE ACHIEVED THROUGH ATTENDANCE AT CLAN

- ☐ **Increased confidence**
- ☐ **Increased understanding of cancer**
- ☐ **Post Bereavement support**
- ☐ **Improved understanding of death/dying**
- ☐ **Opportunity/Ability to express emotions**
- ☐ **Develop strategies for managing emotions**
- ☐ **Improved family relationships**
- ☐ **Improved peer relationships**
- ☐ **Improvements surrounding education**
- ☐ **Improved sleep patterns**
- ☐ **Decreased anxiety**
- ☐ **Other (please detail below)**

Any additional information:

PARENT/GUARDIAN CONSENT

I _____ (insert your name) confirm that I am the parent/carer for _____ (insert child's name) and hereby confirm that I understand the reason for referral and give my consent for this to be progressed.

Signed: _____

Date: _____

IF PARENT/GUARDIAN CONSENT HAS NOT BEEN OBTAINED PLEASE DETAIL WHY:

Any Further Details:

NAME OF REFERRER:

RELATIONSHIP:

ADDRESS:

TELEPHONE NUMBER:

LOTTERY FUNDED

CLAN cancer support for all

Scottish Charity Ref No SC022606
Company Limited by Guarantee in Scotland No 140582