



FRIENDS & FAMILIES
OF SPECIAL CHILDREN LTD

Reg Charity No. 1140826

Parent Support and Face 2 Face Befriending Referral Form

**All Parents discovering their child has a special need or disability
should have access to emotional support**

Thank you for enquiring about parent support. Please can you tell us a few details about yourself and your family to ensure we target the most appropriate support.

Full name		
Home address		
Postcode		
Telephone/Mobile no:		
Email address		
What is your first or preferred language?		
Date of Birth / /		
Where did you hear about our Parent Support and Face 2 Face befriending service?		
Please let us know by crossing the boxes below the support that you think would be most beneficial to you		
<input type="checkbox"/> One to one sessions with Family Support Worker		
<input type="checkbox"/> Face 2 Face befriending		
<input type="checkbox"/> More information on the Drop In Support Sessions		

Please tell us a little about your family; including some information on your child who has a disability diagnosed or undiagnosed (these details will enable the Family Support Workerto match and identify the most appropriate support).

Disclosure (important – please read)

By completing and signing this form you give Friends and Families permission to store this information on file and on a secure computer system (if applicable). We will use the information you provide to target the most appropriate support. We will hold this information in the strictest confidence and only share it on a need to know basis with appropriate individuals involved with the Parent Support and Face 2 Face befriending service.

Signed:

Date:

Date of enquiry:

Source of referral:

Name

Address

Agency, contact telephone number, job title etc.

Please return your completed referral form to

Nicky Harris

Family Support Worker

Virginia House

Palace Street

Bretonside

Plymouth

PL1 2AY

Phone: 01752 204369

Mob: 07922510696

Email: nicky@friendsandfamilies.org.uk