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Registered Charity Number: 1056113



RIGHT FROM THE START



REFERRAL FORM YOUNG MUMS PROJECT

Has the young mum been referred to RFTS for support in the past?

YES

NO

If so, When?

SECTION ONE:

FAMILY DETAILS / INFORMATION

Young mums Name:

DOB:

Partner's Name:

DOB:

Address (including postcode):

Postcode:

Home Telephone No:

Mobile Telephone No:

Is the Mother Ante-Natal?

Y

N

Name of Child or Unborn expected delivery date being referred:	DOB:	Child Protection Register (Yes or No):	Registered Disabled (Yes or No):

Are there any schedule offences?

Y

N

Please Give Relationship Details:

SECTION TWO:**REFERRER'S DETAILS / INFORMATION**

Name of Referrer:

Agency:

Agency Address (including postcode):

Contact Telephone No:

Name of Health Visitor:

Tel No:

Name of G.P.:

Tel No:

Are Other Services Involved with this Family?

 Y N

Please State:

REASON FOR REFERRAL

SECTION FIVE:**EQUAL OPPORTUNITIES MONITORING FORM****ETHNIC ORIGIN OF MOTHER/GUARDIAN:**

- White
 Mixed
 Asian British
 Chinese
 Black
 Black British
 Asian
 Other

How would you describe your ethnic origin?

ETHNIC ORIGIN OF FATHER/PARTNER:

- White
 Mixed
 Asian British
 Chinese
 Black
 Black British
 Asian
 Other

How would you describe your ethnic origin?

ETHNIC ORIGIN OF CHILD(REN):

- White
 Mixed
 Asian British
 Chinese
 Black
 Black British
 Asian
 Other

How would you describe your ethnic origin?

Do You (Main Carer) Consider Yourself to:
 to:

- Have a Disability?
 Have a Learning Difficulty?

Do You (Partner) Consider Yourself

- Have a Disability?
 Have a Learning Difficulty?

Can You (Main Carer) Speak Welsh? Y N

Can You (Partner) Speak Welsh? Y N

Can Your Child(ren) Speak Welsh? Y N

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