



Wicklow Child and Family Project
Self-Referral Form for Families

Family Composition:

1. Parent/Guardian/Carer

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Is the child/children's father their Legal Guardian Yes No

Contact Tel: _____ Contact Tel: _____

Currently Employed: Unemployed: Currently Employed: Unemployed:

2. Child/Children:

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

3. Does any member of the family have a medical condition or specific needs which may require assistance when engaging with the Project? Yes No

If yes please give details: _____

The Mall Wicklow Town Co. Wicklow Phone: 0404 64725 Fax: 0404 64720

email: adminwc&fp@wicklowpartnership.ie

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4. Does anyone else live in the home, if so what is their relationship to you and the children? _____

5. Are any of the following agencies involved with this family? (Please give details, including contact names and telephone numbers)

Social Worker: _____

Public Health Nurse: _____

HSE Departments: _____

Schools: _____

G.P: _____

Medication: _____

Psychiatric History: _____

An Garda Síochána _____

Other: _____



6. What support would you like for your family from the Wicklow Child & Family Project?

Signed: Parent/Guardian/Carer _____ Date: _____

_____ Date: _____

Signed: Staff member _____ Date: _____

<p>FOR WC&FP USE ONLY:</p> <p>Date referral received: _____</p> <p>Date referral accepted: _____</p> <p>Date referral allocated: _____</p> <p>Allocated to: _____</p> <p>Family No: _____</p> <p>Closure date: _____</p>

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Wicklow Child and Family Project **Self Referral Policy**

The Wicklow Child and Family Project aims to offer support to children, young people and families, in order to reduce the risk of neglect or abuse. We will work with families to increase their capacity to provide a safe and caring environment for their children and also promote the personal and social development of children and young people.

The primary focus is to work intensively with children in the 0-12 year old age group and their families, but not excluding other age groups where an assessment of risk indicates that they can benefit from our support.

The Referral Process:

- Families fulfilling the relevant criteria will be identified by the Wicklow Child and Family Project.
- Families can also engage with the Wicklow Child & Family Project on their own initiative.
- The Project Manager will assess the family referral and decide on the suitability of the Project in meeting their needs.
- If the Project is not able to meet the family's needs it will endeavour to source alternative appropriate support.
- Each family will be required to complete a self referral form.
- The Project Manager will allocate a Key Worker to the family.
- A Family Programme will be drawn up in consultation with the family and Key Worker and any other relevant agencies involved with the family.
- Regular review meetings will be held with all relevant parties to assess progress and decide on future action.

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