



Reach area:

Referral for Friends group

Parent's Details

Parent's Name	Parents D.O.B.	Ethnicity	Languages spoken

Child(ren)'s Details

Child's Name	Child's D.O.B.	Gender	Languages spoken	Crèche required?

Family Information

Family's Address & Postcode	Telephone Number





Referral for Friends group

Reasons for attending

What are your strengths?

How can Friends group help you develop what you would like to achieve?

What activities' would you like to participate in?





Referral for Friends group

Scale 1-10: 1 being low and 10 being high (please circle)

Mood	1 2 3 4 5 6 7 8 9 10	Confidence	1 2 3 4 5 6 7 8 9 10
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Priority criteria (please tick)

Young Parent		Lone Parent		Father/Male carer	
Working Tax Credit		BME		Unemployed	
CPP/CIN/CAF		Other (please specify)			

Referrer Details

Name	
Job Title	
Address	
Phone Number	
Email Address	
Referrer's Signature:	
Date:	

Parent Declaration

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Referral for Friends group

I agree to this referral being made and for the information to be shared with other relevant professionals.

Parent's Signature:

Date:

**Sure Start
Children's Centres**
Central Halifax

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 Halifax Opportunities Trust