



## Professionals' Referral sheet

Date of referral		Referring Service	
Referrer name			
Job title			
Work phone		Email	

To refer a client to our parenting courses, please first check the course you wish them to attend by looking on our website for our current course offers:

<http://www.supportinglinks.co.uk/whatson.html>

Course Title			
Venue			
Start date		Supporting Links only Course ID	

**We are happy to take your referral but the booking will only be finalised once we have spoken to the client. **Please ensure that your client is happy to attend the course.** We will attempt to contact your client three times after which we will refer back to you and ask that your client contacts us should they wish to attend a course.**

**We only confirm bookings with the client themselves. If necessary, please ensure your client rings, emails or texts Supporting Links Ltd to book their place direct.**

**Our details are:**

<b>Phone:</b>	<b>01442 300185</b>	<b>Email</b>	<b>info@supportinglinks.co.uk</b>	<b>Text:</b>	<b>07512 709556</b>
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You may wish to print this page to pass to your client so they have the relevant information to make the booking.

Please look at the second page and complete all of this form then email the whole form to us at [bookings@supportinglinks.co.uk](mailto:bookings@supportinglinks.co.uk)

**This form will enable us to track and give accurate feedback, if requested, about client contact and bookings.**



Please give us some information about your client and their family:

Participant Name			
Address			
		Post code	
Mobile			
Home telephone			
Email			
Ages of children			
Children with SEN/Disability/FFA?			
<p><b>So that we can make sure your client receives appropriate support to access this course, please let us know if he/she has any needs or disabilities that affect his/her hearing, vision, mobility, communication or learning, including dyslexia.</b></p>			
Support with English/reading /writing			
Mobility or physical issues such as vision/hearing impairment			
To help us be safe and appropriate please inform us if this family has a history of domestic abuse, drug and/or alcohol misuse or mental health issues.			
If there is a history of drug/alcohol abuse, please inform your client that they will not be allowed to attend the course if they arrive under the influence of any substance.	<p><b>Please confirm the date upon which you explained this to your client</b></p>		
Please can you let us know if your client has had any support, in the last 12 months from a Social Worker, Family Support Worker, Outreach Worker, GP or any other agency			
Please confirm that you have spoken to your client about this course		Please confirm that your client can attend all the sessions	

**For office use:      Contact summary**

Initial Referral:		Client contact: attempts	
Booking taken:		Client contact:	
Conf. email:		Reminder:	