RECOVERING TOGETHER GROUP PROGRAMME REFERRAL FORM 

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| Parent/Carer Name  | Click here to enter text. |
| Name and DOB of Child attending programme | Click here to enter text. |
| Name and DOB of any other children | Click here to enter text.Click here to enter text. Click here to enter text. Click here to enter text. |
| Address | Click here to enter text. |
| Email | Click here to enter text. |
| Contact telephone number | Click here to enter text. |
| Which programme would they like to attend?  | Cambridge starting January 2019 [ ] Huntingdon starting January 2019 [ ] Future course [ ]  |
| Is it safe to phone/text? | Yes [ ]  No [ ]  |
| Is school aware? | Yes [ ]  No [ ]  |
| Any additional needs? Please specify | Yes [ ]  No [ ]  |
| Is English the first language? If no please specify | Yes [ ]  No [ ] Click here to enter text. |
| Who was the perpetrator and what is the relationship with the child? | Click here to enter text. |
| Is perpetrator in contact with the child? | Yes [ ]  No [ ]  |
| Does the parent have a new partner? | Yes [ ]  No [ ]  |
| Does the perpetrator have a current partner? | Yes [ ]  No Click here to enter text. |
| Where does the perpetrator live now? | Click here to enter text. |
| Is there an order currently in place? | Yes [ ]  No [ ] Details Click here to enter text. |
| How long since the child was exposed to the abuse? | Click here to enter text. |
| What signs is the child showing that they have been affected by the abuse? | Click here to enter text. |
| Brief summary of the family history relating to the abuse | Click here to enter text. |
| Brief summary of family’s current circumstances | Click here to enter text. |

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| Name of Person making the referral | Click here to enter text. |
| Job title | Click here to enter text. |
| Contact number | Click here to enter text. |
| Email address | Click here to enter text. |
| Do you want us to contact you to discuss before making contact with the family? | Yes [ ]  No [ ]  |
| Other professionals/organisations involved | Click here to enter text. |

I consent for this referral to be made and for a Recovering Together facilitator to contact me to discuss the programme further.

Parent/carer name………………………………………………………………………………………

Signed………………………………………………………………………………………………………….

Date…………………………………………………………………………………………………………….

Please return this form to **recoveringtogether@cambridgeshire.gov.uk**