If you wish to request support from your local Family Hubs, please complete the information below or phone your local Family Hub to discuss further.

Barrow: Family Hub [01229 407384](tel:01229%20407384) or Ormsgill [01229 408190](tel:01229%20408190)

Eden: [01768 899901](tel:01768%20899901)

South Lakes: [01539 713070](tel:01539%20713070)

Please return the completed form to your local Family Hub either in person or at the following email -

Barrow – [ReferralsBarrowFamilyHub@westmorlandandfurness.gov.uk](mailto:ReferralsBarrowFamilyHub@westmorlandandfurness.gov.uk)

Eden - [ReferralsEdenFamilyHub@westmorlandandfurness.gov.uk](mailto:ReferralsEdenFamilyHub@westmorlandandfurness.gov.uk)

South Lakes - [referralssouthlakesfamilyhub@westmorlandandfurness.gov.uk](mailto:referralssouthlakesfamilyhub@westmorlandandfurness.gov.uk)

Tick to confirm that you are aware of the [Council’s Privacy Notice](https://www.westmorlandandfurness.gov.uk/your-council/data-protection-and-privacy/privacy-notice) and that you agree for information on this form to be kept on a secure Council database

**PART A -** Please list ALL FAMILY MEMBERS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename/s** | **Surname** | **DoB** | **Address**  (Please indicate if this is the primary address\* for the child/ young person) | **Requires Support from this Referral (Y/N)** | **Ethnicity** | **Parental Responsibility**  **(Y/N)** | **Spoken Language** | **Disability**  **(Y/N)** | **Consented to Referral from this Service**  **(Y/N)** | **Gender/Self**  **Identification** |
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*\*Primary address is where child resides*

**Your contact details**:

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone &/or Email** | **Please confirm the preferred contact method** |
|  |  |  |
|  |  |  |

**PART B**

|  |  |
| --- | --- |
| **School/ Nursery:** | **GP:** |
| **Any other agencies involved:** |  |

|  |
| --- |
| **Can you tell us why you have contacted us?**  **What support you would like to access?** |

**PART C**

**Do you have any support already in place which is provided to you and/or your family by other agencies:**

**Are any of the assessments below in place for the Child or Young Person?**

Early Help Assessment  Education, Health and Care Plan

CIN  CP  CLA Other:

Office Use Only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Received by:** |  | **Date received:** |  | **Date actioned:** |  |
| **Comments:** |  | | | | |