**BLGC Family Assist**

**The Healthy Mind, Healthy Parenting Pathway by Family Assist is a support programme designed to improve parental mental well-being and strengthen parent-child relationships. This pathway focuses on helping parents develop practical coping skills, manage stress, and build resilience while fostering a nurturing and emotionally healthy home environment**

**Person being referred Information**

**Have you discussed the referral with the person being referred, and have they consented to the support and understand what the service is?** Choose an item.

|  |  |
| --- | --- |
| **First Name** | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. |
| **DOB** | Click or tap to enter a date. |
| **Phone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Number of Dependants** (under the age of 18) |  |

**Home Address:**

|  |  |
| --- | --- |
| House name/number and street | Click or tap here to enter text. |
| District/Area | Click or tap here to enter text. |
| Town/City | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |

**Are you a carer for any other family members?** Choose an item.If yes, please state relationship to you Choose an item.

**Do you have any disabilities that we need to be aware of?** If yes, please state Click or tap here to enter text.

**Do you have any support needs or barriers that we need to be aware of?** For example, speech or hearing. Click or tap here to enter text.

**Are you a Refugee or Asylum Seeker?** Choose an item.

**If yes, please give country of origin:** Click or tap here to enter text.

**Please state 1st language spoken:** Click or tap here to enter text.

**Supporting Information for Referral – To be completed with the person being referred**

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| **Have you previously accessed support services for your mental health or parenting**? If yes, please specify and when:  Click or tap here to enter text. |
| **What are your current Mental Well-Being concerns?**  Click or tap here to enter text. |
| **What are your main parenting challenges at present?**  Click or tap here to enter text. |
| **Do you think your mental well-being affects your parenting? If yes, in what ways?**  Click or tap here to enter text. |
| **What do you see as yours and your families’ strengths and resilience factors and how can we help you to build on them?**  Click or tap here to enter text. |
| **What do you hope to gain from participating in the Healthy minds, Healthy Parenting Pathway?**  Click or tap here to enter text. |
| **Are there any safety issues or risks we need to be aware of to keep the family and Family Assist Workers safe**? (ie Dogs, Domestic Abuse, Aggressive Behaviours)  Click or tap here to enter text. |

**Referrers Information**

|  |  |
| --- | --- |
| **Name of person making the referral** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Role of the person making the referral** | Click or tap here to enter text. |
| **Telephone numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Details of Other Service/Organisation(s) Supporting the Family :** | |
| **Are there any other Services / Organisations currently Supporting you or your family ?** | Click or tap here to enter text. |
| **Service / Organisation (s) name:** | Click or tap here to enter text. |
| **Contact Person :** | Click or tap here to enter text. |
| **Contact Details phone :** | Click or tap here to enter text. |
| **Email :** | Click or tap here to enter text. |

**Storing & Sharing data**

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| --- |
| **The below details must be completed by the person being referred.** |
| Personal and Sensitive Data – STORED & SHARED  By referring this person, you confirm, and can demonstrate on request, that you have gained explicit consent from the person to provide the Bolton Lads & Girls Club with certain personal and sensitive information, which we will process in accordance with all applicable data protection laws to provide them or you with services and carry out administration in relation to the referral:   * Communicate with you, the young person, and/or the parent/guardian about the referral * Provide information about the referral to Bolton Lads & Girls Club (registered charity number 1051292), our suppliers, funders, and/or sponsors, as required for the purposes of the development, co-ordination and support of Bolton Lads & Girls Club   Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process personal information, and your rights, please read our Privacy Policy. This can be obtained from any of our sites or online @ <https://boltonladsandgirlsclub.co.uk/privacy-policy/>. |
| Your name:Click or tap here to enter text. Signature: Click or tap here to enter text.  If you have an electronic signature, please paste in the box below:  Choose a building block.  Date:Click or tap to enter a date. |

**What happens next?**

*Email to* [*families@blgc.co.uk*](mailto:families@blgc.co.uk) *and one of our team will be in contact with you to discuss the referral.*

***Please note: The family including the children have access to this form***