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| ***Fathers Service*** *Therapeutic and Parenting Support for Dads*  ***Referral Form*** |  |

**Please complete this form as fully as possible and email to** [navraj.sidhu@oasisproject.org.uk](mailto:navraj.sidhu@oasisproject.org.uk)

Fathers will be asked to complete an assessment prior to work commencing.

Please call Navraj Sidhu on 07712 528 494 if you wish to discuss a referral.

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| **Referrer Details** |
| **Name**: |
| **Agency**: |
| **Address**: |
| **Telephone number**: |
| **Email**: |
| **Please confirm that this referral has been discussed with the father** Yes/ No |
| **Date of Referral**: |

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| **Father Details :** | **Mother/Other carer Details:** |
| **Name**: | **Name:**  *Please confirm that Mother has provided consent for this information to be shared:* ***Yes/No*** |
| **Date of Birth**: | **Date of Birth**: |
| **Telephone**: | **Telephone**: |
| **Address**: | **Address**: |
| **Email**: *Please provide an email address.* | **Email:** |
| **State if the Father is in a relationship, co-habiting or separated:** | **State if the Mother is in a relationship, co-habiting or separated:** |
| **Drug and Alcohol issue (current and/or historic):** | **Drug and Alcohol issues (current and/or historic):** |
| **Details of Children** | |
| **Details of the children including their names/DOB and address(es)** | **Are family involved with Children’s Services? Are the children subject to a CIN or CP plan?**  sf |
| **Details of children’s living circumstances.** Father’s access/care arrangements (if known) ?  Have there been any Court Proceedings? | |
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| **Reason for Referral:** (Details of how you think the Fathers Service will support the father/children/family) | |
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| **Agencies currently ,or historically, involved with the Father and/or children :** | |
| Agency 1:  Agency 2:  Agency 3:  Agency 4 | |
| **Hopes and goals of Fathers Service** | |
| **Father’s hopes or expectations:** | |
| **Please Provide any other information that you consider important or relevant.** | |
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