## SELF-REFERRAL FORM



## DETAILS OF PERSON BEING REFERRED

Name:					Gender:	M/F	Date of birth:			
Address:							Tel:			
List all of the people in your family and also anyone who lives with you e.g. step-parent, brother, sister, grandmother, etc.										
Name		M/F	D.O.B	Relationship to child/ young person (where appropriate)	Present ac (if differe		above)			

What do you hope to get from we	orking with Barnardos	?							
Important things that have happened in the child's/young person's/family's life:									
I am aware of and understand the infor	mation contained in this re	eferral and understand that Barnardos v	vill keep a record of this referral.						
Signatures:									
		Parent/Carer 2:							
Child/young person:		Date:							
		Thank you!							
INTERNAL USE		Thank you:							
Date of referral:	Ref. no.:	Signatures: Worker:							
Referral accepted: □YES □ NO RECORD KEEPING FORMS SEPTEMBER 2011 ©	Barnardos For use in F	Line manager:							