

**Self-Referral form**

This form allows families/individuals, to self-refer to Breadline London’s Budgeting & Healthy eating Support Programme

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| **Family/individuals details -**  |
| **Name 1:\*** |  |
| Gender |  | Date of birth |  |
| Address and postcode |  |
| Telephone (Home) |  | Mobile |  |
| Email Address |  |
| Religion  |  |
| Ethnicity  |  | NI number |  |
| Disability *(If yes, please describe)* |  |
| **Name 2:** |  |
| Relationship  |  |
| Gender |  | Date of birth |  |
| Address and postcode |  |
| Telephone (Home) |  | Mobile |  |
| Email Address |  |
| Religion  |  |
| Ethnicity |  | NI number |  |
| Disability *(If yes, please describe)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children\* (if applicable) | Date of birth | Gender | SEND | School attended |
| Name 1: |  |  |  |  |
| Name 2: |  |  |  |  |
| Name 3: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other family members/significant others outside of family home** | Gender(F/M) | Relationship to family | Date of birth | Address and postcode | Contact no. |
| Name 1: |  |  |  |  |  |
| Name 2: |  |  |  |  |  |
| Name 3: |  |  |  |  |  |

**Other known agencies engaged with the family/individuals\***

|  |  |  |
| --- | --- | --- |
| Family member | Agency and contact | Work carried out to date or to be actioned |
|  |  |  |
|  |  |  |

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| **Reason for referral \*****Please give background information about why you are self-referring including the desired outcomes from referring to this service:***Note: Breadline London’s Budgeting & Healthy eating Support Programme aims to work with families/individuals that could benefit from a holistic approach* |
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| **Risk management \*****Are you aware of any family/household members displaying any signs or symptoms of COVID-19? Are any family/household members self-isolating or been requested to do so?** |
| **Yes** |  | **No** |  |
| If yes, please state: |
| **Do yoy consented to this referral and the associated sharing of information relating to it?\*** |
| **Yes** |  |  **No** |  |  **Date**  |
| Name of client  |  | Signature |  |

Once complete, please return the form to breadlinelondon@gmail.com. We aim to respond to your referral within 72 hours

**Privacy policy**

Your details will not be passed on to any third-party organisation without your permission.

We will use the information provided to us by the referer to carry out a service offered to you and to inform you of activities and events that we will offer in the future that we think may be of benefit to you/your family.