



**REQUEST FOR HOME-START TRAFFORD,
SALFORD & WIGAN VOLUNTEER SUPPORT**

Family No: (for office use only)

Please return to **Home-Start Trafford, Salford & Wigan, PO Box 83, Salford, Manchester, M44 0AR** marked **Private & Confidential**. **PLEASE NOTE ALL REQUESTS MUST BE MADE WITH THE CONSENT OF THE FAMILY** and signed and dated below by the parent/guardian. This form will be held in confidence by Home-Start Trafford.

Signature:..... Parent/Guardian Date:.....

Has this family been referred to Home-Start Trafford, Salford & Wigan previously? YES/NO

Family Name:					
Address:			Home Tel No:		
Post Code:			Mobile No:		
			Email:		
Name of Parent 1	Date of Birth:	Resident in Household:	Main Carer:	Registered Disabled:	Immigration Status:
		YES / NO	YES / NO	YES / NO	Asylum seeker/Refugee/Pending
Name of Parent 2	Date of Birth:	Resident in Household:	Main Carer:	Registered Disabled:	Immigration Status:
		YES / NO	YES / NO	YES / NO	Asylum seeker/Refugee/Pending
Has a CAF form been completed for your family? YES/NO			Name & Agency of Lead professional:		
Child In Need? YES/NO			Contact No:		

Ethnic Origin:

ASIAN/ASIAN UK:	BLACK :	WHITE:	MIXED:
Indian	Caribbean	British	Mixed ethnic background
Pakistani	African	Irish	Other ethnic group:
Bangladeshi	Any other Black background	Gypsy or Irish traveller	Arab
Chinese		Any other White Background	Any other ethnic group
Any other Asian Background	<i>Is the ethnicity or immigration status of the children different to the parents? If so please specify:</i>		Religion:
Parents first Language:			Sexual Orientation:

Names of Children:	M/F	D.O.B	Age	School/Nursery attended	Ethnicity	Child Protection?		Special needs / disability?	
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO

*Continue on separate sheet if necessary

Referred By: Name.....Job Title..... Address.....Post Code..... Tel No..... Email: Referrers Signature:	Family Doctor:.....Tel No..... Health Visitor:.....Tel No:..... <u>Please list any other agencies involved, including contact name and tel no's.</u>
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Please complete the following table.

So that we can offer the family the most appropriate support, and match the most suitable volunteer, this information should be completed with or by the family requesting the support. Please note that there is not a points system, families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the family, will be used to monitor how our support meets the family's needs.

Family needs:

✓ *If you have ticked, please tell us **why** this is a need and **how** a volunteer might be able to help*

1	Managing child's behaviour		
2	Being involved in the child(ren)s development		
3	Coping with own physical health		
4	Coping with own mental health		
5	Coping with feeling isolated		
6	Parents self esteem		
7	Coping with child(ren)s physical health		
8	Coping with child(ren)s mental health		
9	Managing the household budget		
10	The day-to-day running of the house		
11	Stress caused by conflict in the family		
12	Coping with the extra work caused by multiple birth/multiple children under 5		
13	Use of services		
14	Other (please describe)		

Please tell us if the family has any issues relating to (please circle):

Lone parent / Substance abuse / Domestic abuse / Mental health issues / Learning disabilities / Post-natal depression / Partner in Prison / Interpreter required / Teenage pregnancy 19 years or younger / Other (please specify) _____

Risk Assessment: Please tick any of the relevant below and provide a brief explanation		
Risk from other adults visiting the home		
Significant drug/ alcohol use		
Significant offending history		
Aggressive/violent behaviour		
Domestic abuse		
Any other, please specify		

Please add any background information that you think we would find useful (if necessary attach an extra sheet)