

REQUEST FOR HOME-START TRAFFORD & SAFORD VOLUNTEER SUPPORT

Family No:
(for office use only)

Date Received:.....

Please return to **Home-Start Trafford & Salford, Stretford Children's Centre, 9 Poplar Road, Stretford, M32 9AN** 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 HSTS

Signature:.....Parent/Guardian **Date:**.....Has this family been referred to HSTS previously? YES/NO

Family Name:					
Address:			Home Tel No:		
Post Code:			Mobile No:		
			Email:		
Name of mother/partner:	Date of Birth:	Resident in Household:	Main Carer:	Registered Disabled:	Immigration Status:
		YES / NO	YES / NO	YES / NO	Asylum seeker/Refugee/Pending
Name of father/partner:	Date of Birth:	Resident in Household:	Main Carer:	Registered Disabled:	Immigration Status:
		YES / NO	YES / NO	YES / NO	Asylum seeker/Refugee/Pending
Has an EHA form been completed for the 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	Child Protection?		Special needs / disability?	
					YES	NO	YES	NO

***Continue on separate sheet if necessary**

<p>Referred By:</p> <p>Name.....Job Title.....</p> <p>Address.....</p> <p>.....Post Code.....</p> <p>Tel No..... Email:</p> <p>Referrers Signature: _____</p> <p>If self referral, where did you hear about Home-Start?</p> <p>_____</p>	<p>Family Doctor:.....Tel No.....</p> <p>Address:.....</p> <p>Health Visitor:.....Tel No:.....</p> <p><u>Please list any other agencies involved, including contact name and tel no's.</u></p>
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Please add any background information that you think we would find useful (if necessary attach an extra sheet)

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Please circle if you think the family would benefit from either.....

1. A couple of home visits from HSTS staff, for example information will be provided about other services/referrals maybe made and encouragement to access universal services
2. 4 months support, (40 hours maximum), from a Family Support Worker within the HSTS staff team
3. Parent to parent, 2 hourly weekly volunteer befriending support, available for a maximum of 6 months.

Please complete the following table.

So that we can offer the family the most appropriate support, 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.

Family needs:	✓	<i>If you have ticked, please tell us why this is a need and how a volunteer might be able to help</i>
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 (including pre-existing mental health conditions e.g. PND)		
4a. Support to develop relationship between main carer and 0-2 yr old		
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 needs/issues relating to (please circle):

Lone parent / Dad or male carer / Teen Parents / BME / Disabled Child / Disabled Adult / Workless Households / Parent Mental Health / Child or Young Person Mental Health / Domestic Violence / Social Isolation / Risk of crime/ASBO – Adult / Risk of crime/ASBO – Child / NEET / Young Carer / Poverty & Debt / Physical Health.

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		

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