



REFERRAL FOR PARENTING APART PROGRAMME (PAP)

Date:	Referrer:	Professional Referral <input type="checkbox"/> <i>i.e. Solicitor / Social Worker</i>	Self Referral <input type="checkbox"/> <i>i.e. Parent</i>
	Tel no:	Team:	Fax:
Mothers Name:	Current Address & Tel No:		
DoB:			
Ethnic Origin:			
Interpreter Required? Yes / No			
Fathers name:	Current Address & Tel No:		
DoB:			
Ethnic Origin:			
Interpreter Required? Yes / No			
Who has PR?			
Child's Name(s):	Age	Reasons Why PAP is Required:	
.....		
.....		
.....		
Parents Availability:			
Illnesses / Disabilities / Essential Medication of anyone involved in the PAP:			
Details of legal status and any Solicitors involvement:			
Has the PAP been ordered/directed by the Court? Yes / No			
Who is responsible for the funding?		Both Parents: Yes / No	Individual: Yes / No

RISK ISSUES *If risks are deemed to be high, please discuss with us directly*

1. Are there any risks to staff? E.g. Violence, threats, verbal aggression, infectious disease, use by client of hypodermic needles. Please specify:

2. Alcohol / Drug / Substance Misuse? Any Domestic Violence / Domestic Abuse - Disclosure or allegations of:

3. Any current or historical criminal proceedings we need to be aware of?

4. Any statutory involvement past or present?

5. Risk of allegations:

REFERRAL

1. Any learning / special needs identified?

2. Specific points we need to be aware of:

3. Any other information that will help us deliver the PAP: