

Referral form for Families and Communities Group Work Programmes
complete the referral form and return to groupwork@staffordshire.gov.uk

Please

District (please circle)	Cannock, East Staffordshire, Lichfield, Stafford, Staffordshire Moorlands, Newcastle, South Staffordshire, Tamworth
Organisation	
Name of referrer	
Contact number or email or referrer	
Which course are you making a referral too?	Simply Play for Babies (0-12 months) Simply Play (0-4 years) From Pram to Primary School course (covering 0-11years)
(Referred individual) Parent/Adults name and DOB	Name: DOB
Address	
National Insurance number—needed to register parent on course.	
Child/ren's name and DOB (All within the household)	
Relationship of parent/adult to child.	
Has the parent/adult given consent to the referral being made?	Yes / No If yes please specify which:
Can the parent/adult be contacted directly regarding the course?	Yes / No Telephone number:
What would you like the individual/ family to gain from the course? What would be helpful for us to know? Which outcome from your plan are you hoping to achieve?	
Anything else we should know about this person's background eg restrictions due to previous criminal convictions?	
Does end of course feedback need to be provided to the referrer?	Verbal Email Letter