Dunmanway Family Resource Centre,
Kilbarry Road,
Dunmanway,
Co.Cork
P47 EC43
Tel: 023-8856818
Email: info@dfrc.ie

Referral for Community and Family Support

Referrer's Details:	
Name:	
Job title:	
Service/Agency:	
Address:	
Phone:	
Email:	

I confirm that the organisation I represent has secured the consent from the below mentioned client to be referred and to share their personal data with the Family Support Worker of Dunmanway Family Resource Centre and that the client demonstrated understanding of who will see their data and who it can be further shared with in accordance with EU GDPR and the Irish Data Protection Acts 1998 to 2018

Signed by professional: _____

Date of referral:

Details of the person being referred:		
Surname:		
First Name:		
Date of Birth:	...../...../..... Day Month Year	
Gender:	Male ☐	Female ☐ Non Binary ☐
Present Address:		
Telephone:		
Email:		

Family household composition (children or parents):			
	Name:	**Date of birth**	**Relationship to referred client:**
1.			
2.			
3.			
4.			
5.			
6.			
Professionals working with the family (parent and child/ren):			
1.			
2.			
3.			
4.			

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What are you worried will happen if nothing changes in the client's family?		
At the moment	**In the future**	**What makes it harder?**

What is working well for your client and their family currently?	
Family Strengths	**What is keeping the family safe?**

What would you & your client like to see happen as a result of this referral?	
Safety Goal	**Next Steps**

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Any Additional Information?

Signature of the client
I am aware of the referral and understand the information contained in this referral form: Signed: _____ Date of referral: _____ Contact Number of main caregiver:

Internal use only	
Date received by relevant service Coordinator:	
Has the referral been accepted:	
Yes	No
	Please give reason why:
Recommendation and follow up action taken:	
DFRC Case Identifier Number	DFRC /25
Case allocated to Family support worker:	
Signature:	
Coordinator.....	Date.....