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

Self-Referral for Community and Family Support

Request for support and consent to information storage
1. I agree to my information being recorded concerning any child/children and family members involved and I understand this information will be used to support our family. **2. I understand this information may be shared on a need-to-know basis with other professionals outside Dunmanway FRC in order to support my family.** **3. I understand that this is a voluntary support that I can stop at any time.** **4. I understand that if there are any concerns about the safety and welfare of a child, or any vulnerable person, DFRC workers must follow the children First National Guidelines and legislation to protect that individual.**

First name:	Surname:	Relationship to child:	Signature:	Date:

Contact Details of Caregiver to be contacted

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

DUNMANWAY
Family Resource Centre

Family household composition (children or parents):			
	Name:	**Date of birth**	**Relationship to referred client:**
1.			
2.			
3.			
4.			
5.			

Reason for the request for family support and any relevant information needed?

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.....