

# REFERRAL FORM

CHILD'S NAME:

DATE REFERRAL RECEIVED:

FAMILY ACTION, c/o Fosse Neighbourhood Centre,  
Mantle Rd, LEICESTER, LE3 5HG.  
T: 0116 216 8334 E: [leicester@family-action.org.uk](mailto:leicester@family-action.org.uk)



Building  
stronger  
families

Please ensure all sections of the form are completed and **include email addresses**  
Missing information may delay the processing of the referral.

## Post Sexual Abuse Service

This service supports children and young people up to the age of 18 who have experienced sexual abuse. We provide therapeutic support to a child/ young person including their parent/carer where possible. Support focuses on the present situation and helping children/ young people to cope better and to feel safe. We will work to give children tools to cope and empower parents/carers to help their child to cope. This service also runs groups for children/ young people and facilitates group work with parents and carers where feasible.

[This service is available to those living in Leicester, Leicester County & Rutland\\*](#)

**\*Please note that referrals can be submitted by all professionals or families (with the exception of Leicester City Children & Young People's Services)**

**We do not accept referrals where police investigations or court proceedings are underway**

## Section A – Please tell us about the referrer (yourself in case of self-referrals)

Date of Referral			
Referrers Name		Child/young person's name	
Is this a professional referral?	YES/NO	Is this a self-referral?	YES/NO
Email		Telephone	
<b>For professional referrals please state</b>		Address	
Name of Organisation			
Your Role			

Does the service user consent to the referral?	(Yes/No)
Are you to remain involved with the family (agency referrals only)?	(Yes/No)
Are there any ongoing legal proceedings?	(Yes/No)
Have all Police Investigations been completed?	(Yes/No)
<b>Children Services Only: Please send these through separately.</b>	
Signs of Safety Meeting/Conference Notes	(Yes/No)
LAC Review (if child in care)	(Yes/No)
Single Assessment	(Yes/No)
Any other background reports	(Yes/No)

<b>Section B – Child &amp; Parents</b>	
Childs Surname	Childs First Name
Gender: Male/Female	Date of Birth
School Name and Address	Name of person to contact:
	Telephone:
Name of Parent/Carer(s) with whom the child lives	
Parent date of birth	Does this parent have parental responsibility? Yes / No
Address	Telephone
Postcode	Mobile
	Email:
Name of second Parent/Carer(s) (if applicable)	
Parent date of birth	Does this parent have parental responsibility? Yes / No
Address	Telephone
Postcode	Mobile:
	Email:

<b>EMERGENCY CONTACT DETAILS</b>	
In the event of an emergency, staff will try to contact parents first but if unobtainable please provide details of another adult if different from the parents below:	
Emergency contact name	
Address	Telephone
	Mobile
Postcode	
Does the/ your family have support from another agency? YES / NO	
If so please provide  Name  Role	Telephone
	Mobile
	Email
Does the/your family have a social worker? YES / NO	
Name  Address if known	Telephone
	Mobile
	Email

**Section C – Referral Details**

Reason for Referral

Please tell us what support you feel is needed? What aims would you like our work to achieve.

Tell us about any health and safety issues that Family Action Staff need to know before visiting the family (e.g. pets)

Please tell us about any additional support will he/she may require during support?

THANK YOU FOR COMPLETING THE FORM IN FULL

DURING COVID-19 PANDEMIC REFERRALS CAN ONLY BE SUBMITTED BY EMAIL:

[Leicester@family-action.org.uk](mailto:Leicester@family-action.org.uk)

REFERRALS FROM FAMILIES CAN BE TAKEN OVER THE PHONE – PLEASE EMAIL OR  
CALL 0116 216 8334 AND LEAVE A MESSAGE

A letter or email of confirmation is sent on receipt of all referrals. If you do not receive confirmation within 10 working days please contact our office on 0116 216 8334 or email [Leicester@family-action.org.uk](mailto:Leicester@family-action.org.uk)