******SEND Family Matters Richmond**

**Registration / Referral Form**

**Consent statement:** By completing this registration for a meeting (via phone, online or in person) with the Family Matters Advisor, you are agreeing to:

* Ruils recording and holding necessary data about you and the work we do together
* Receiving information about the Family Matters service
* Completing a feedback form either at the end or part way through the support we give you.

If we need to speak to anyone else outside of Ruils on your behalf, we will ask for permission as needed. For further details on how your information is used, how we maintain the security of your information, and your rights to access or erase information we hold on you, please view our full Privacy Policy on our website <http://www.ruils.co.uk/your-information> or contact us on **020 8831 6083** or on email via [info@ruils.co.uk](mailto:info@ruils.co.uk) to request a paper version

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Carer details:** | | | | | |
| **Name** | | |  | | |
| **Address** | | |  | | |
| **Email address** | | |  | | |
| **Preferred phone number** | | |  | | |
| **Other than by email can we contact you by:** Phone / Text / Post? (circle) | | | | | |
| **Parent / carer disability:** | |  | | | |
| **Gender:** | Male | | | Female | Other: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnicity | Asian or Asian British | Black, Black British, or other Black background | Mixed or multiple ethnic groups | White British | Other white background | Other ethnic groups | Prefer not to say |
| **Religion** |  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Young person’s details: Name, date of birth, school** | | | | | |
| **Child 1:** Name | | | Date of Birth: | | School: |
| **Child 2:** Name: | | | Date of Birth: | | School: |
| **Address if different to parent:** | | |  | | |
| **Gender: Child 1:**  **Child 2:** | Male  Male | Female  Female | | Other:  Other: | |

|  |  |
| --- | --- |
| Diagnosis / disabilities and summary of issues: |  |
| Extra information if referral is coming from a third party: |  |
| **I consent to receive communication from Ruils by:**   * Email * Phone * Text message * Post   **Would you like to sign up for the Ruils quarterly email newsletters? (select all that apply)**   * Yes, please send me the Ruils general newsletter * Yes, please send me the Children’s Services newsletter * No thanks   **Would you like to become a member of Ruils?** Join our vibrant and diverse community to influence our work/services, meet other members, share your ideas and access a network of local people. Membership is free and open to all.   * Yes, please send me more information * No thanks | |

|  |  |  |  |
| --- | --- | --- | --- |
| Print name |  | Date |  |
| Signature (I confirm that I have read and agreed to the consent statement) |  |

|  |  |  |
| --- | --- | --- |
| **Referrer details** | **Name** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Job Title & Organisation** |  |
|  | **Client knows referral has been made:** | **Referrer signature:** |

**Please complete initial questions below..**

**Family Matters Richmond Initial Casework Feedback Form**

Please also complete this form upon referral – this helps us to provide services that meet our clients’ needs. Your feedback is important to us because it helps us to improve our services and it demonstrates to our funders the difference we are making to local families. Clients will be asked to complete a similar form at the end of their time working with Ruils, to highlight any impact our support has had.

**Please respond to the following questions using the scale provided:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1** | **2** | **3** |
| 1. Do you know which organisations you can contact for support, information and advice *(other than Ruils)*? | *No, I don’t know any* | *Yes, I know some* | *Yes, I know many* |
| 1. How confident do you currently feel to advocate for your child or young person in getting the support you need? *(e.g. school, local authority, housing, grants/benefits)* | *Not at all confident* | *Fairly confident* | *Very confident* |
| 1. Do you feel confident to deal with some of your child or young person’s presenting issues? | *Not too confident* | *Fairly confident* | *Very confident* |
| 1. Do you currently feel socially isolated? | *Very isolated* | *Somewhat isolated* | *Not at all isolated* |
| 1. How supported do you currently feel? | *Not at all supported* | *Somewhat supported* | *Very supported* |

**Thank you for completing this feedback form.**

Please return to: FREEPOST RSZZ-ZSKC-LAEB, Ruils, DAAC, 4 Waldegrave Road, Teddington,TW11 8HT or Email [familymatters@ruils.co.uk](mailto:familymatters@ruils.co.uk)