

"Supporting vulnerable families to give their children the best possible start in life through early intervention, a holistic 'whole family' approach and partnership working." Our Shared Vision

The Cottage Family Centre, Home-Start and Fife Gingerbread are all established voluntary sector organisations with excellent reputations and experience supporting families. This service will be available Fife wide to support families with identified wellbeing concerns (children aged 0-8 years) offering support to meet the needs of families facing multiple and complex challenges.

For the Attention of:	Early Years Collective		
Please indicate which locality in Fife you require:			
Referrer information:	Organisation:		
	Name:		
	Position:		
	Contact Number:		
	Email Address:		
Criteria for Service:		Yes	No
Is there a child(ren) aged 0-8 y	rears living within in the family unit?		
Have well-being concerns been identified?			
Is the family in need of urgent/crisis support?			
Are any of the children within the family placed on the child protection register? (If Yes, please give details below)			
Are any of the children within t (If Yes, please give details below	•		
to address families wellbeing of areas where the family may reference where the family may re	undaries and routines in the home velopment i.e. ages and stages eractions with child(ren) able home environment tion with nutrition		
Have you informed the named	person/lead professional of this referral	?	Yes/No
	Has the parent/carer consented to this referral to the Early Years Collective?		Yes/No
Is the parent/carer aware it will be discussed at an allocation meeting?		Yes/No	

Please complete this form to make a referral to us for early years/family support.



Details Main Parent/Carer:	Full Name:
	House/Flat No:
	Street:
	Town:
	Postcode:
	Home telephone:
	Mobile:
	Relationship to children:
Details of other adults	Full Name:
living within the family	Mobile:
home:	Relationship to children:

Please list ALL children in the family

Name of Child	Date of birth	School/Nursery attended



Emergency Contacts for Family	1) Name: Address: Contact No: Relationship to family: 2) Name: Address: Contact No: Relationship to family:
What other Agencies/	Social worker/Criminal Justice:
Organisations	School/Nursery:
are involved with the	Health Visitor:
family?	CPN:
Please include	Voluntary organisations:
names and email addresses.	Other:
Risk: Are there a (If Yes, please g	any particular risks that individuals of the family may pose to others? ive details)
	tcomes: What do you expect this referral to achieve in respect of or this family? i.e. what are your 'best hopes'
Please give further information to support your referral:	



Referrer signature:
Date:
Please return this form by email to one of the partners below:
administration@thecottagefamilycentre.org.uk
homestartkirkcaldy@yahoo.co.uk
info@fifegingerbread.org.uk
This referral will be considered at the next allocation meeting and a representative from the allocated organisation will be in contact to confirm the support to be offered.
Internal Use Only:
Referral received by:
•
Date received:
Referral accepted:
Referral declined:
Organisation referral assigned to:
The Cottage Family Centre The Cottage Family Centre
HOME START Home-Start
Fife Gingerbread Fife Gingerbread