

**P.S. Dads Rock - Dads Referral Form**

**Name of referrer: Contact Number:**

**Organisation: Date of Referral:**

| DAD’S DETAILS |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Contact phone number** |  |
| **Child’s Details** | Name: | Age: |
| **Other Services Involved** | Organisation  |
|  | Contact Name/Number |
| **On the Child Protection Register?** | Yes No Being considered |
| **Reason for referral**(and possible intended outcome) |  |
| **Other relevant information**(Relationship with mum, orders in place, police involvement)  |  |

I give permission for the release of this information for the purpose of referral to the Dads Rock young dads service.

Signature (Dad): Date:

This information will be held in line with the Dads Rock privacy policy. Contact us for details on this.