Consent for Family Help from Red Hill CofE Primary School 2026/2027

Name of child:	
Class:	
Date:	

What is the **primary** reason for requesting support?

Are there any additional issues impacting upon your child and family?
Consider health issues, attendance, eating habits, parenting struggles, financial hardship, family illness, SEN, parental separation or conflict, parental mental health, online safety, safety out in the community, young carers, unemployment, housing issues, bereavement.

Please turn over

How worried are you about the above issues?

Very worried  **0----1----2----3----4----5----6----7----8----9----10**  Not worried

Please circle a score

How worried are you about your child's emotional well-being?

Very worried  **0----1----2----3----4----5----6----7----8----9----10**  Not worried

Please circle a score

How worried are you about the impact the above issues are having on your child's learning?

Very worried  **0----1----2----3----4----5----6----7----8----9----10**  Not worried

Please circle a score

Consent:

I give consent to receive Family Help from Red Hill CofE Primary School from the date provided above. To support families as best as we can, staff may need to contact partner agencies and / or complete referrals to relevant organisations, where agreed. Examples include the School Health Nursing team, Refernet, Food Bank, Melo, Child Bereavement UK and Family Hubs.

I understand if there are any safeguarding concerns these will be shared the Designated Safeguarding Lead and addressed accordingly.

Name of person completing referral form and giving consent:	
Signature:	

For school use only:	
Outcome of referral:	