

**Conwy Family Support Teams / Family Centres**

**Referral Form**

**Conwy Family Support Team – Central**

**(Canolfan Ffordd Douglas)**

It takes a lot of active people supporting each other to help children become healthy adults.

**Conwy Family Support Team – North**

**(Eryl Wen)**

**Conwy Family Support Team – East**

**(Canolfan Dinorben)**

**Conwy Family Support Team - West**

Lots of people and groups across our communities help families, and working together, we continue to help parents and children and young people. We have five **Local Family Support Teams**, based in Family Centres and the community.

We bring all the support together and focus on what each area needs.

**Mae’r ddogfen hon ar gael yn Gymraeg hefyd.**



**Conwy Family Support Team – South**

**(Llanrwst Family Centre)**

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| (*Office Use)* **Family Centre**: | South  West  East  Central  North |

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| **PARENT/CARER DETAILS:** |
| First Name(s): |  | Surname: |  | D.O.B: |  |
| First Name(s): |  | Surname: |  | D.O.B: |  |

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| **PRIMARY PARENT/CARER ADDRESS:** |

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| Address: |  | | |
| Post Code: |  | Email: |  |
| Home Phone No: |  | Mobile Phone No: |  |
| Preferred Language: | **Welsh  English  Other** If Other, please Specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| Ethnicity (if known): |  | | |
| Preferred Method of Contact: | **Phone  Text  Joint Visit with Referrer  Letter** | | |

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| **NAMES OF CHILDREN AND OTHERS IN HOUSEHOLD:** | |
| Name: | D.O.B: | Gender (male/female/prefer not to say): | Person with Parental Responsibility: | School/ Childcare Setting/ Midwife/ Health Visitor/ School Nurse: | Disability/ Additional Learning Needs: |
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| **ANY LONE WORKER ISSUES?** | **Yes  No** |
| If yes, please identify the risks and any mitigating actions required: |  |

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| **REASON FOR REFERRAL (including what matters to the family):** |
|  | |
| Any other agencies involved? |  |

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| **REFERRER DETAILS:** |
| First Name(s): |  | Surname: |  |
| Agency/Service: |  | Position/Role: |  |
| Contact Number: |  | Email Address: |  |

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| **REFERRER SIGNATURE:** |  | **DATE:** |  |
| **SIGNATURE OF FAMILY (If available)** |  | **DATE:** |  |

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| **CONSENT:** |
| Has the family agreed to this referral? Yes  No | |



Please complete and send to your nearest Conwy Family Support Team:

(**Please note** that families can choose which Support Team or Centre they would like to access)

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| **Team** | **Based at** | **Postal address** | **Email** | **Contact number** | **Areas covered** |
| Family Support Team – South | **Llanrwst Family Centre**  Watling Street  Llanrwst  LL26 0LS | Llanrwst Family Centre  Church House,  Watling Street  Llanrwst  LL26 0LS | [FamilySupport.South@conwy.gov.uk](mailto:FamilySupport.South@conwy.gov.uk) | 01492 574140 | Rural areas |
| Family Support Team – East | **Canolfan Dinorben**  Faenol Avenue  Abergele  LL22 7HT | **Canolfan Dinorben**  Faenol Avenue  Abergele  LL22 7HT | [FamilySupport.East@conwy.gov.uk](mailto:FamilySupport.East@conwy.gov.uk) | 01492 577757 | Kinmel Bay Towyn, Abergele Llansannan  Llanefydd  Llanfair TH |
| Family Support Team – Central | **Canolfan Ffordd Douglas**  3 Douglas Road  Colwyn Bay  LL29 7PE | **Canolfan Ffordd Douglas**  3 Douglas Road  Colwyn Bay  LL29 7PE | [FamilySupport.Central@conwy.gov.uk](mailto:FamilySupport.Central@conwy.gov.uk) | 01492 576503 | Colwyn Bay  Old Colwyn  Mochdre  Betws yn Rhos  Llanddulas Llysfaen |
| Family Support Team – North | **Eryl Wen (Interim)**  Eryl Place  Llandudno  LL30 2TX | Eryl Wen  Eryl Place  Llandudno  LL30 2TX | [FamilySupport.North@conwy.gov.uk](mailto:FamilySupport.North@conwy.gov.uk) | 01492 574732 | Llandudno  Penrhyn Bay |
| Family Support Team – West | **Bodlondeb Offices (Interim)**  Room 101  Bangor Rd  Conwy  LL32 8DU | Bodlondeb Offices  Room 101  Bangor Rd  Conwy  LL32 8DU | [FamilySupport.West@conwy.gov.uk](mailto:FamilySupport.West@conwy.gov.uk) | 01492 574546 | Llandudno Junction Deganwy,  Conwy Penmaenmawr  Llanfairfechan,  Glan Conwy |

