

**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 StreetLlanrwstLL26 0LS | Llanrwst Family Centre Church House, Watling StreetLlanrwstLL26 0LS | FamilySupport.South@conwy.gov.uk  | 01492 574140 | Rural areas |
| Family Support Team – East | **Canolfan Dinorben**Faenol AvenueAbergeleLL22 7HT | **Canolfan Dinorben**Faenol AvenueAbergeleLL22 7HT | FamilySupport.East@conwy.gov.uk  | 01492 577757 | Kinmel Bay Towyn, Abergele LlansannanLlanefyddLlanfair TH |
| Family Support Team – Central  | **Canolfan Ffordd Douglas**3 Douglas RoadColwyn BayLL29 7PE | **Canolfan Ffordd Douglas**3 Douglas RoadColwyn BayLL29 7PE | FamilySupport.Central@conwy.gov.uk | 01492 576503 | Colwyn BayOld ColwynMochdreBetws yn RhosLlanddulas Llysfaen |
| Family Support Team – North | **Eryl Wen** Eryl PlaceLlandudnoLL30 2TX | Eryl Wen Eryl PlaceLlandudnoLL30 2TX | FamilySupport.North@conwy.gov.uk  | 01492 574732 | LlandudnoPenrhyn Bay |
| Family Support Team – West | **Eryl Wen (interim)**Eryl PlaceLlandudnoLL30 2TX | Eryl Wen Eryl PlaceLlandudnoLL30 2TX | FamilySupport.West@conwy.gov.uk  | 01492 574546 | Llandudno Junction Deganwy, Conwy PenmaenmawrLlanfairfechan,Glan Conwy |

