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| **Barnardo’s Scotland Welcome (Ukraine) Service Referral Form**  **Please send this form to:** [**scotlandwelcome@barnardos.org.uk**](mailto:scotlandwelcome@barnardos.org.uk) | |
| **Date sent:** |  |
| **Name of referrer:** |  |
| **Service Name:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **Local Authority & Area:** |  |
| **Family Details:  Ukrainian Family  Host Family** | |
| **Have they consented to this referral?** |  |
| **Name(s)** |  |
| **Address (or planned Scotland address):** |  |
| **Name & Telephone Number of main contact:** |  |
| **Email Address:** |  |
| **Name of Children in the family:** |  |
| **Date of Birth &**  **Age(s) of Children in the family:** |  |
| **Ethnic Origin:** |  |
| **Language needs: e.g., interpreter required in what language** |  |
| **Any additional communication needs identified?** |  |
| **Are the family currently working with any other support or integration workers? If so, please provide details.** |  |
| **Does the Family/Host have access to Benefits/Host Payments ?** |  |
| **Reason(s) for Referral:** | |
| **Are there any additional needs/risks identified?** | |
| **Details of support offered by Helpline Staff (Leave blank if not applicable)** | |

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| **Office Use Only:** |  |
| **Date Received:** | **Date Allocated:** |