

Parentline NI Referral

Referrals procedure

Incoming referrals are received on Parentline NI referral form to

parentline@ci-ni.org.uk



Initial call made to parent within 5 working days.

4 attempts made to contact parent.



Assessment completed by Parenting Support Officer



Support agreed and scheduled or Support declined



Referrer advised via email on; support accepted, declined or no contact made.

Referrer Information	
Name:	
Position:	
Organisation:	
Address:	
Contact Number:	
Email Address:	

Parent/Carer Information	
<i>If referring more than one parent/carers, please complete an additional referral form.</i>	
Name:	
Address:	
Contact Number:	
Email Address:	

Is the parent/carers aware a referral has been made?	
Has the parent/carers given permission for Parentline NI to call and identify themselves?	
Has the parent/carers given permission for Parentline NI to leave a Voicemail?	
Has the parent/carers given permission for Parentline NI to send a text?	
Is the parent/carers aware that calls from Parentline NI will appear as a withheld number?	

Have you referred another parent/carers in relation to this family in the last 12 months?	
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Information on Child(ren)	
Name: DOB: __/__/____ Sex:	Name: DOB: __/__/____ Sex:
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Do the child/ren live at the same address as the Parent?	
Are the child/ren on the Child Protection Register?	
Are there any safeguarding issues?	
Are there any other professionals involved? (currently or previously i.e. within the last 12 months)	
Are there any additional support needs for the parent/carer? E.g. language, sensory impairment, disability?	

Reason for Referral <i>Please provide as much information as possible</i>

Referrers Signature	
Date	

Please forward your referral form to parentline@ci-ni.org.uk or post to

Service Manager
Parent Line NI
Floor4 Relate NI
3 Glengall Street
Belfast
BT12 5AB
0808 8020 400

Please remember if sending a referral via email to encrypt using a password