



WLAC, The Carlyle Building, Hortensia Road, London, SW10 0QS
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R E F E R R A L F O R M

**Are you interested in coming to West London Action for Children?
 If you would like to meet us to discuss your needs or your child's needs please fill in the
 following (or ask your GP, social worker etc. to help you):**

Please complete ALL applicable sections including Ethnicity Monitoring Form

Name of Main Parent / Carer:	Date of Birth:	Age:
Address:	Tel:	
	Mobile:	
	Email address:	
Postcode:	Borough:	
Please make it clear if you do NOT want us to leave a message on your phone numbers:		

Please put a star (x) next to the services you might be interested in or just click the box with your mouse:

- Counselling** - individuals/families/couples/children
- Roots & Wings** - a group for teenage parents
- ParentTalk** - a group for parents of 3-12 year olds
- ParentTeen** - a group for parents of teenagers
- ParentWise** - a group to build parents confidence
- ActionDrama Club** – a therapeutic drama group for ages 8-13
- Anger Management**- a group for teenagers aged 16 to 19

Details Of Family Members / Significant Others

Name	Date of Birth	Relationship to you	Name of School or College (if applicable)	Age

Name of GP:	Address
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FOR WLAC OFFICE USE ONLY

Previous contact: _____ Consultation by: _____
 Allocated to: _____ Date case closed: _____

Referral Form 8/05



Tel No:

Postcode:

FOR WLAC OFFICE USE ONLY

Previous contact:
Allocated to:

Consultation by:
Date case closed:

Referral Form 8/05

Please give your reasons for coming to WLAC, with any important background information
(continue on another sheet if you need to):

Are you going to any other agencies? If yes, please provide details.

Would any special assistance be required to access our services? Please provide details
(eg interpreter, mobility issues...):

Please would the Main Carer sign to show agreement to this referral:

Signature:

Date:

How did you hear about WLAC?

Please tick if you are entitled to: Tax Credits

Income Support

REFERRER: If a professional is referring this person/family please fill in the following:

Name:	Name of Agency:
Address:	Job Title:
	Tel:
Postcode:	Mobile:
Borough:	Email:
Best time to contact you:	

Please give details of any interventions you have already made:

PLEASE RETURN THIS FORM TO WLAC AT THE ADDRESS ABOVE
West London Action for Children complies with the Data Protection Act and confidential information is kept secure. Access to it is restricted to the professional team at WLAC.
All information on this form will be shared with the person/family who would like the service.

Referral Form 8/05

ETHNICITY MONITORING FORM

In order to help us ensure that we are offering widely accessible services, we would be grateful if you could complete this form. Please tick the box that relates most closely to your ethnic background or just click the box with your mouse:

- White British
- White Irish
- White Other
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Mixed Other
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Asian or Asian British Other
- Black or Black British Caribbean
- Black or Black British African
- Black or Black British Other
- Chinese
- Other Please specify

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Referral Form 8/05