****

Burnside Centre

38 Burnside Crescent Langley

Middleton Manchester

M24 5NN 0161 643 5775

burnsidecentre@btconnect.com

www.burnsidecentre.org.uk

** Burnside’s Family Fun & Food Referral Form 2016**

**This referral form will allow families to access our projects during the school holidays. The Family Fun and Food sessions will run on Friday evenings 3:30pm – 6pm. All attendees will be made a hot meal and have the opportunity to participate in family fun activities.**

**Family Details:**

**Parent Carer (mark with x)**

**Name of Parent 1 / Carer 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent 2 / Carer 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to contact:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the parent/carer asked for or given consent to this referral being made? Yes/No**

**A member of the Family Fun & Food Project will be contacting the family with further details. Please ensure you have spoken to the family about this.**

**Details of Children: Add additional lines if needed ­­­­**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender M/F** | **Date of Birth** | **Current age** | **Additional Needs (give details)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**umber of Children ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Main Reason for referral: (mark with x)**

**Low wages Benefit changes Asylum Seeker**

**Family on JSA Benefit delays Debt**

**Family on Income Support Benefit sanctions Other (please specify)**

**Special Dietary Requirements:**

Vegetarian 🞏 Halal 🞏 Vegan 🞏 Other 🞏 Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All completed referrals should be returned to the Burnside Centre**