

# Referrals Form

## Referrals to Torc Community & Family Resource Centre

Name of person /family being referred

Person being referred an Adult / Child/ Family?

Adult ☐ Child ☐ Teen /adolescent ☐

Date of Birth/s of person being referred

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Approximate age \_\_\_\_\_

Address of person being referred

Additional info

Additional Family  
Members details

Name \_\_\_\_\_

Role in family \_\_\_\_\_

Additional info \_\_\_\_\_

Name \_\_\_\_\_

Role in family \_\_\_\_\_

Additional info \_\_\_\_\_

Name \_\_\_\_\_

Role in family \_\_\_\_\_

Additional info \_\_\_\_\_

Name \_\_\_\_\_

Role in family \_\_\_\_\_

Additional info \_\_\_\_\_

Contact phone number for communication

Service requested for person being referred  
Family Support/ Counselling /Other

Has person being referred consented to this referral?

Yes ☐ No ☐

Please ensure that the client completes the TORC CFRC CHILD SAFEGUARDING , CONFIDENTIALITY, RECORD-KEEPING & SHARING INFORMATION section of this referral form

Name of person in Agency /org making referral

Position of person in Agency /org making this referral

Phone number of person in Agency/org making referral

Workplace Address of person in agency/organisation  
making this referral

**Referrers should note that through busy periods Torc CFRC operate a waiting list which can be up to 8 weeks. Please do indicate to the client any timeline of engagement by our services without referring to the allocated staff member first**

# Office use only

Staff member allocated to referral	
Position of person in FRC allocated to this referral	
Date of Referral	
From your initial assessment please rate the case on the Hardiker scale 1-4	
Notes /Comments re referral	

Putting people first

**TORC CFRC CHILD SAFEGUARDING , CONFIDENTIALITY, RECORD-KEEPING & SHARING INFORMATION**

Torc Family Resource Centre is committed to peoples' rights to data protection and confidentiality. **However, in relation to child safeguarding the Family Resource Centre undertakes that:**

- Information in relation to child safeguarding will only be shared on a 'need to know' basis within the Family Resource Centre and will always be in the best interest of the child. **No undertakings regarding secrecy can be given.**
- Those working with and referring children/young people and families to Torc Family Support Services should make this clear to parents/guardians and to the child/young person when completing this referral form .
- The Family Resource Centre is obliged to co-operate with Tusla on proportionate sharing of records where a child welfare or protection concern arises. See Tusla's Mandated Assisting Protocol.
- Records on child protection concerns, allegations and disclosures are kept securely and safely within the Family Resource Centre by the DLP per data protection policies.

I, \_\_\_\_\_ hereby consent to Torc CFRC Family Resource Centre processing my personal data for the purpose of engaging with its Family Support Services

I am aware and I was informed that I may withdraw my consent at any time by using the Data Subject Consent Withdrawal Form and contacting the Manager [info@torccfrc.ie](mailto:info@torccfrc.ie) or in writing to

The Manager  
Torc Family Resource Centre  
Killarney  
Co. Kerry  
V93FD1H

Parent / Guardian Signature of Consent

Signature:

Date:

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