

The Fr McGrath Centre
Children and Youth Services
Referral Form

Details of Referral Agency

Name of agency:	Telephone:
Address:	
Contact Person:	Position:
E-mail address:	

Child/Young Person's Details:

First Name:	Surname:
Also Known as:	Date of Birth:
Male: Female: (tick as appropriate)	
Contact Address::	
Telephone Number:	Mobile Number:
Detail current school/college/employer/training provider:	

Family Details

Parent/Guardian First Name:	Surname:
First Name:	Surname:
Address if different from above:	
Home telephone:	Mobile number(s):
Siblings: Names:	Ages:

Reason for Referral (tick as appropriate)

Individual Support

Information/advice/guidance

Socialising with peers

Family Issues

Developmental/recreational programmes

Other (please specify):

Additional Information to Support the Referral:

Other Services/Agencies Involved with the Family:

Name and address of service/agency	Contact person	E-mail address	Telephone

Consultation with Young Person

Is the young person aware of the referral?	Yes:	No:
Young person's consent to share this information?	Yes:	No:
Is the parent/guardian aware of the referral?	Yes:	No:

Name of person referring:

Mobile Number:

Signature:

Date:

Please return to Karin Todd, Children and Youth Services Manager,
Fr McGrath FRC, St Joseph's rd, Kilkenny