



**CHILD REFERRAL FORM**

**Name of referrer:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Name of child:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Sex (please circle)** Male            /            Female

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

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**School:** \_\_\_\_\_

**(1) Parent / Guardian / Carer with whom the child lives / relationship to child**

\_\_\_\_\_

**(2) Parent / Guardian / Carer with whom the child lives / relationship to child**

\_\_\_\_\_

**(3) Other adults with parental responsibility (name / relationship to child)**

\_\_\_\_\_

**Siblings (name / date of birth)**

1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Please complete this form and return to: KidsAid, Referrals Department,  
Hardingstone House, 4 The Green, Hardingstone, Northampton NN4 7BU*