TLC KIDZ

Referral Form

TLC Kidz A group work programme for children and mothers who have experienced Domestic Abuse

Date:_____

CHILD'S NAME: _____ **Address:** _____ _____ _____ _____ **Date of Birth:** _____	**REFERRER:** _____ **PHONE NO:** _____

Mothers Name		Tel Number	

Family/Household composition / significant others

Name	Relationship	Address (if not living with child)

Key agencies involved:

Social Work	
Gardai	
GP	
Mental Health	
School	
Other	

Key information:

Nature of Domestic abuse in family & how long has Husband/Partner left the Relationship.
Needs of Children Referred – eg effect of abuse on their feelings/behaviour, what did they see, what did they hear?
What do you hope to gain from the programme

Parents Signature: _____ Date:_____

Referrer's signature: _____ Date:_____