



Seirbhís Tacaíochta  
Oideachais Tusla  
Tusla Education Support Service

## Tusla Educational Welfare Service REFERRAL FORM FOR AGENCIES OTHER THAN SCHOOLS

### Section 1

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#### Child's details

Child's Name	*	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address	*			
Date of Birth	*	PPSN	*	
Ethnicity	*	Language Spoken at Home	*	

#### Family details

Mother's Name	*	Tel No.	*
Address if different from the child's	*		
Father's Name	*	Tel No.	*
Address if different from the child's	*		
Details of Guardian/Carer if child is not residing with parent/s	*		
Relationship to the child	*	Tel No.	*
Are other siblings known to EWS	*		



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## Section 2

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### School details

Child's Name	*		
School Name	*		
Address	*	Tel No.	*
Email	*		

Please fill in as much information as you can in the following section:

No. of school days absent this school year to date	*		
If Post Primary – Year group of pupil	*	If Primary – Class group of pupil	*
Summary or reason for referral to EWS	*		
Previous school/s	*		
Does this child have special educational needs?	*		
Has the child had any assessments (or is an assessment pending)	*		
Does the child have any health issues?	*		
Are parents aware that you are making this referral to the EWS	*		
Is there any additional information that you feel is relevant for this referral? (Use additional page if necessary)	*		



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**Section 3**

**Referrer details**

Name of person referring	*	
Name of organisation	*	Title
Address	*	
Telephone number	Landline	Mobile
Email address	*	
Nature and extent of contact with Child/Family	*	
Signature of referrer	*	
Date	*	

**Note:**

**A referral received by the statutory Tess respects the responsibility of the referring agency continually to support the child as required and to work in collaboration with the service in that regard.**

Referral forms, once completed and signed (and copied for school records), must be forwarded to EWS by post (**clearly marked 'EWS REFERRALS'**), to the appropriate **tess** office. Details below: Referrals should not be sent directly to your EWO.

**Southern Area: Cork, Kerry, Limerick, Clare, Tipperary.**

**Post:** Referrals Region 1, Tusla Education Support Service, Tusla, Block C, Heritage Business Park, Bessboro Road, Blackrock, Cork

**South County Dublin, Kildare, Wicklow, Waterford, Wexford, Carlow, Kilkenny**

**Post:** Referrals Region 2, Tusla Educational Support Services, Child and Family Agency, South Dublin County Council Offices, County Hall, Block 3, Tallaght, Dublin 24

**North Dublin, Dublin City, Clondalkin, Lucan**

**Post:** Referrals Region 3 Tusla Educational Support Services, Child and Family Agency, Ground Floor, Brunel Building, Heuston South Quarter, Dublin 8

**West/North-West: Galway, Mayo, Sligo, Donegal, Leitrim, Roscommon, Longford, Offaly, Laois, Westmeath.**

**Post:** Referrals Region 4, Tusla Educational Support Services, Child and Family Agency, Unit 19 Sandyfort Business Centre, Grealishtown, Bohermore, Galway

**North East: Fingal, Louth, Meath, Cavan, Monaghan.**

**Post:** Referrals Region 5, Tusla Educational Support Services, Child and Family Agency, Louth and Meath Education and Training Board, Chapel Street, Dundalk, Co Louth, A91 C7D8

**NOTE: For reasons of data protection, you are requested NOT to send Referral Forms by email under any circumstances.**

**For EWS use only**

Referral Reference No:

Allocated for Assessment?

YES

NO

Case to open?

YES

NO

Reason for decision

Signature of EWO

Date

Signature of SEWO

Date