# Section 1

**Child’s details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | \* | | | Gender | Male | Female |
| Address | \* | | | | | |
| Date of Birth | \* | PPSN | \* | | | |
| Ethnicity | \* | Language  Spoken at Home | \* | | | |

**Family details**

# Tusla Educational Welfare Service

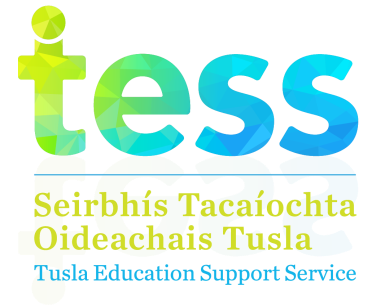
## REFERRAL FORM FOR AGENCIES OTHER THAN SCHOOLS

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|  |  |  |  |
| --- | --- | --- | --- |
| 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 | \* | | |

**Section 2**

**School details**

**Tusla Educational Support Service**

## REFERRAL FORM FOR AGENCIES OTHER THAN SCHOOLS

|  |  |  |  |
| --- | --- | --- | --- |
| 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) | | \* | |

# Section 3

**Referrer details**

# Tusla Educational Support Service

## REFERRAL FORM FOR AGENCIES OTHER THAN SCHOOLS

|  |  |  |
| --- | --- | --- |
| 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 | \* | |

Referral forms, once completed and signed (and copied for your records), must be forwarded to EWS by post or by email (clearly marked ‘EWS REFERRALS’), to the appropriate EWS office.

Preferred method for submission of referrals is via the Tusla Portal.

**Details below:**

**TESS Southwest:** Cork, Kerry and South Tipperary. Email:[**tess.sw@tusla.ie**](mailto:tess.sw@tusla.ie)

TESS Educational Welfare Service, Child and Family Agency, Heritage Business Park, Bessboro Road, Blackrock, Cork. T12XK5R

**TESS Dublin Mid Leinster**: Dubin South Central, Dublin Southwest, Kildare, Longford and Westmeath. Email: [**tess.dml@tusla.ie**](mailto:tess.dml@tusla.ie) TESS Educational Welfare Service, Child and Family Agency, South Dublin County Council Offices, County Hall, Block 3, Tallaght,

Dublin 24. D24A3XC

**TESS Dublin Northeast:** North Dublin, Dublin North City and Meath. Email: [**tess.dne@tusla.ie**](mailto:tess.dne@tusla.ie)

TESS Educational Welfare Service, Child and Family Agency, Ground Floor, Brunel Building, Heuston South Quarter, Dublin 8. D08X01F

**TESS Mid West:** Galway, Clare, Limerick, North Tipperary, Laois and Offaly. Email [**tess.mw@tusla.ie**](mailto:tess.mw@tusla.ie)TESS Educational Welfare Service, Child and Family Agency, Unit 19, Sandyfort Business Centre, Gealishtown, Bohermore, Galway. H91A3XC

**TESS West/Northwest:** Donegal, Sligo, Leitrim, Roscommon, Mayo, Cavan, Monaghan, Louth and East Meath. Email: [**wnw@tusla.ie**](mailto:wnw@tusla.ie) TESS Educational Welfare Service, Child and Family Agency, LMETB, Chapel Street, Dundalk, Co Louth. A91 C7D8

**TESS Southeast:** Waterford, Wexford, Carlow, Kilkenny, Wicklow and Dublin Southeast. Email: [**tess.se@tusla.ie**](mailto:tess.se@tusla.ie) TESS Educational Welfare Service, Child and Family Agency, Athy Road, Carlow. R93X9C2