

Please email referrals or enquiries to: springboard.cork@tusla.ie

Post referrals to: Manager, Springboard, 16 Cushing Rd, Farranree, Cork, T23Y882.
021 4304796

Springboard Family Support Referral Form

Referral Details	
Name of Family:	
Address:	
Postcode:	

Family Information	Name	Requires Support (Y/N)	Phone Number	Address if different to the above
Parent 1				
Parent 2				
Carer/ Guardian				

(Continue on separate sheet if required)

	Name	Date of Birth	Requires Support (Y/N)	School	Disability/Health Issues
Child Male/Female/Other					
Child M/F/Other					
Child M/F/Other					
Child M/F/Other					
Child M/F/Other					

Other Agencies Involved	Contact Details
e.g. G.P.	

Please chose the type of family support needed:

Parenting Support
Individual work
Counselling
The Pod Homeless Project

Please explain as to why this support is required:

Has the family/individual previously engaged with the Springboard Project?

Yes No

Have you referred this family to any other agency? Yes No
If yes, please specify.

Confirmation of Consent: PLEASE READ CAREFULLY THROUGH COMPLETELY FORM BEFORE SIGNING

- I consent to myself/my family/my child being referred to the Springboard Family Support Project
- I understand that while working with Springboard there will be a need to share or request information about myself or my family with/from other agencies, however this will be on an agreed basis.

Signed: (Parent/Person with Parental Responsibility/Individual)

Date:



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



Referred by/Self-Referral	Contact Details
Name:	Address:
Agency:	Post code:
Email:	Tel No:

Signed: _____ (Referrer) Date: _____