



# TLC KIDZ

## Referral Form

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

Date: \_\_\_\_\_

<p><b>CHILD'S NAME:</b></p> <p>_____</p> <p><b>Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Date of Birth:</b></p> <p>_____</p>	<p><b>REFERRER:</b></p> <p>_____</p> <p><b>PHONE NO:</b> _____</p>
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<b>Mothers Name</b>		<b>Tel Number</b>	
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### 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: \_\_\_\_\_