

**WLAC, 15 Gertrude Street, London, SW10 0JN**

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## SERVICE REQUEST

**Are you interested in coming to West London Action for Children?**  
**If you would like to meet us to discuss your needs or your child's needs please fill in the following (or ask your GP, social worker etc. to help you):**

**Please complete ALL applicable sections including Ethnicity Monitoring Form**

<b>Name of Parent / Main Carer:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Address:</b>	<b>Tel:</b>	
	<b>Mobile:</b>	
<b>Postcode:</b>	<b>Email address:</b>	
Please describe your and your child's ethnic background:	<b>Borough:</b>	
Please make it clear if you do <b>NOT</b> want us to leave a message on your phone numbers:		

Please put a cross (x) next to the services you might be interested in or just click the box with your mouse:

- ☐ **Counselling** - individuals/families/couples/children
- ☐ **ParentTalk** - a group for parents of 3-12 year olds
- ☐ **ParentTeen** - a group for parents of teenagers
- ☐ **ParentWise** - a group to build parents confidence
- ☐ **ActionDrama** – a therapeutic drama group for ages 8-12

### **Details Of Family Members / Significant Others**

Name	Date of Birth	Relationship to you	Name of School or College (if applicable)	Age

<b>Name of GP:</b> Tel No:	Address Post Code:
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### **FOR WLAC OFFICE USE ONLY**

Previous contact:                      Consultation by:  
 Allocated to:                          Date case closed:

**Referral Form 8/05**

**Please give your reasons for coming to WLAC, including any Child Protection issues.**

**Are you going to any other agencies? If yes, please provide details.**

**Would any special assistance be required to access our services? Please provide details (eg interpreter, mobility issues...):**

**Please would the Main Carer sign to show agreement to this referral:**

**Signature:**

**Date:**

**How did you hear about WLAC?**

**Please tick if you are entitled to:** Tax Credits ☐ Income Support ☐

**REFERRER: If a professional is referring this person/family please fill in the following:**

Name:	Name of Agency:
Address:	Job Title:
	Tel:
Postcode:	Mobile:
Borough:	Email:
Best time to contact you:	
Please give details of any interventions you have already made:	

**PLEASE RETURN THIS FORM TO WLAC AT THE ADDRESS ABOVE**

*West London Action for Children complies with the Data Protection Act and confidential information is kept secure. Access to it is restricted to the professional team at WLAC.*  
**All information on this form will be shared with the person/family who would like the service.**

**Referral Form 8/05**

## ETHNICITY MONITORING FORM

In order to help us ensure that we are offering widely accessible services, we would be grateful if you could complete this form. Please tick the box that relates most closely to your ethnic background or just click the box with your mouse:

- ☐ White British
- ☐ White Irish
- ☐ White Other
- ☐ Mixed White and Black Caribbean
- ☐ Mixed White and Black African
- ☐ Mixed White and Asian
- ☐ Mixed Other
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Pakistani
- ☐ Asian or Asian British Bangladeshi
- ☐ Asian or Asian British Other
- ☐ Black or Black British Caribbean
- ☐ Black or Black British African
- ☐ Black or Black British Other
- ☐ Chinese
- ☐ Other      Please specify .....

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**Referral Form 8/05**