



# Spoons Family Support Referral Form

## (Confidential)

This form can be completed by a healthcare professional involved in caring for a family who is experiencing or has experienced neonatal care.

The information will be used by Spoons to contact the family, offer relevant support, and keep them updated with any services that may be of use to them.

Please only complete this form if you are happy for us to contact you and the family has agreed for us to contact them directly.

General information about Spoons is available at [www.spoons.org.uk](http://www.spoons.org.uk)

To speak a member of our team email [care@spoons.org.uk](mailto:care@spoons.org.uk) or telephone **0300 365 0300**.

## Family Information

Name of Parent:

Address:

Postcode:

Name of baby/babies:

Does the baby have siblings?: Yes No

Baby/Babies DOB:

Contact telephone number:

Email Address:

Name of Neonatal Unit:

## Referral

Please give a brief summary of the reason for the referral?

Does the family have any requirements which will be required to access to support from Spoons?  
E.g. language barrier

Does the family have input from any other services? E.g. Perinatal Mental Health Team, IAPT

Date of referral:

Contact telephone number:

Your Name

Please tick any of the following services which the family would like to access:

Baby massage

Group peer support

BAME family support

Spoons Messy Play

Financial support

Trauma therapy or counselling

One to one peer support

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## Data Protection

The information you provide will be processed in accordance with the General Data Protection Regulation. The information will only be used for supporting families and will never be shared outside of the charity. We take our duty to protect personal information and confidentiality seriously, taking all reasonable measures to ensure personal information, for which we are responsible, is secure and accessible to only those personnel that need access to the information. A copy of the policy is available on request.

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## Equal Opportunities Monitoring

We're committed to diversity and equality, so we want to make sure that no individual receives unfavourable treatment on the grounds of gender, marital status, disability, colour, nationality, political convictions, sexual orientation, race, ethnic origin, age, religion or religious belief. Please fill in this section to help us monitor the success of our diversity aims.

Family Ethnicity:

Black – Other	Black – African	Black – Caribbean
Pakistani	Bangladeshi	Indian
Asian – Other	White – British	White – Irish
White and Black African	White and Asian	White and Black Caribbean
White – Other	Chinese	Mixed Other
Other, please confirm:		

Please return the completed form via email to:

[care@spoons.org.uk](mailto:care@spoons.org.uk)

Contact Us:

phone: 0300 365 0363  
email: [care@spoons.org.uk](mailto:care@spoons.org.uk)



@spoonscharity  
[www.spoons.org.uk](http://www.spoons.org.uk)

