

# Amaal Girls Project

## BPR REFERRAL FORM



Referring agency		Name of Referee	
Date of Referral		Position	

### About the Family

	Child	Mother	Father
Full name			
DOB			
Gender			
Address			
Post code			
Contact Phone (Home)			
Contact Mobile			
Ethnicity			
Nationality			

### Disability

Do any members of the family have any disabilities or learning difficulties **Yes**  **No**

If yes, please specify

### Substance Misuse

Does the young person or her parents misuse any substances? **Yes**  **No**

If yes please comment on the nature/level of use

### Behaviour / Health/ Disclosure

Please tell us about any behavioural issues, health conditions and disclosures of abuse that are known to you. Please share as much information as possible to help us support and safeguard the young person and limit risks to others. Please continue on additional pages if necessary.

Please return completed form to: Khadeja Begum | Project Manager | Amaal Girls Project | Osmani Centre | Underwood Road | London | E1 5AW  
 T: 020 247 8080 | M: 07506 572 985 | E: [khadeja.begum@osmanitrust.org](mailto:khadeja.begum@osmanitrust.org)



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### Family Relationships

Please tick to indicate whether each of the relationship elements listed below is poor, average, good or excellent between the young person and the MOTHER:

	Poor	Average	Good	Excellent
Trust				
Understanding				
Love & Care				
Interaction				
Communication				
121 Time together				

Please tick to indicate whether each of the relationship elements listed below is poor, average, good or excellent between the young person and the FATHER:

	Poor	Average	Good	Excellent
Trust				
Understanding				
Love & Care				
Interaction				
Communication				
121 Time together				

### Participation

How would you describe the attitude and engagement of the young person and their parents in support services?

Has the young person and their mother consented to this referral?

Signature of Referee		Contact Number	
Date		Contact Email	

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