Referral form

Healthy Families group programme

HENRY in Hertfordshire

The *Healthy Families* programme is an early intervention supporting families with children under 5 years to adopt healthier lifestyles.

A structured 8 week programme (including a family time session), the group programme applies a solution-focused and strengths-based approach to build parents' skills and confidence in maintaining a healthy lifestyle.

Please note that all referrals must be made with the consent of the family. You will be asked to confirm that you have gained parental consent at the end of this form and they need to fit the eligibility below:

Eligibility:	**Exclusions:**
• Family with a child aged 0-5 • Registered with a Hertfordshire GP • BMI .91st Centile • Targeted children with 2 risk factors: o 1+ parent overweight o Older sibling overweight/ obese o Rapid weight gain (2 centiles crossed) o Parent has poor diet o Child less than 1 hour of physical activity a day o Parent has weight / eating / oral health concerns o Early intro into solid foods (<6 months) o Poor responsive feeding techniques o Poor sleep patterns o Fussy eating	• Families who have done HENRY before (can attend Fussy Eating workshops) • Children with comorbidities (need GP / Dietetic support)

Please provide some details about the family:			
Name of parent(s) or carer(s):			
Name(s) and date of birth of children: *(n.b. the family must have at least one child under 5 years)*			
Child's Gender:	Male:	☐	
	Female:	☐	
	Prefer not to say:	☐	
Address:			
Contact phone number(s):			
Email address:			
Does the family have any language, mobility or communication needs we should be aware of?			
Why do you think this family could benefit from the *Healthy Families* group programme? *(Please give as much detail as you can)*			
Are there any medical or social details we need to know?			
Are the family on a child in need or child protection plan?			
Is the child a looked after child?			

Referrer details:	
Name of referrer:	
Role:	
Address:	
Contact phone number(s):	
Email address:	

HOW TO REFER:

Once you have gained parental consent to refer them to the HENRY programme at Beezee Bodies and have signed below to confirm this, please complete this form and return it according to the instructions below:

- Email to hertfordshire@henry.org.uk
- https://beezeebodies.com/refer-a-client/

Alternatively,

Call us on 07458 301395

We will use your information to process this referral and to contact you about future HENRY programmes.

If you wish to discuss this referral (or how to send it) please call on 07458301395

PRIVACY NOTICE & DATA PROTECTION

You are submitting this referral form to Beezee, under Maximus. Beezee will use the personal information here to refer the parent to the *Healthy Families Right from the Start* programme.

All information will be kept securely and confidentially by Beezee. We (HENRY) retain referral forms for up to 3 years after receiving them. If you or the parent would like to know more about how Beezee uses and protects your personal information, and your rights, please contact us using the details above.

Beezee / Maximus may use data from this referral in an anonymised format to evaluate parent engagement with the HENRY programmes and workshops.

By submitting this form, you affirm that you will handle the client's personal information with due respect to their privacy, data security and rights in accordance with the relevant legislation. If you need to retain a copy of this form, or any information herein, please note that it is your or your organisation's responsibility to ensure that the client is informed of this and that their information is held securely in compliance with the relevant data protection legislation.

☐ **Please tick here to confirm that you have gained the client's informed consent for their personal information to be shared with BeeZee and that you have read and understood the statement above.**

Name of referrer: Date: