



Bonny Downs Community Association

Growing Strong Project User Referral Form

To be completed
by our referral
partner agencies

Information about the person completing this referral form:

First name:		Surname:	
Organisation:		Job title:	
Your email:		Your contact number:	

Did you get permission from the parent/carer before making this referral? Please tick: Yes [] No []

Does this child/ren meet all 3 criteria: 1) being under 18 years old 2) from the London Borough of Newham 3) is currently experiencing food poverty and/ or housing insecurity? Please tick: Yes [] No []

If you have any other information about this child/ren that may help us assess their needs and eligibility for the Growing Strong service, please write here:

Which of the Growing Strong services/ activities do you think would be of benefit for this child? *(please tick)*

☐ **Saturday Space** - drop-in group for 5½ - 14 year olds with homework support, lunch, workshops, games, crafts & sports.

☐ **Tots Haven Toddler Group** - Parent/Carers can bring their under 5s to enjoy a story time, singing, crafts and breakfast.

☐ **Holiday Club** - supervised activities (sports, games, crafts, workshops) and healthy lunches during the school breaks.

☐ **After School Club** - access to laptops, homework support, craft, games, workshops and a healthy snack between 3-6pm.

☐ **Kids Bank** - distributing donated clothing, uniform, school equipment, sports equipment, toys and Christmas presents.

☐ **Mentoring support for 16-18 year olds** - 1-2-1 support and signposting to BDCA's Stepping Up programme.

☐ **Advocacy** - a forum where children and young people can have their voices heard and help shape service provision.

Information about the 1st child being referred:

Child's First name:		Surname:	
Nickname:		Gender:	
Date of Birth:		Child's contact number:	
Home address:			
	Postcode:		

(If applicable) - information about the 2nd child being referred:

Child's First name:		Surname:	
Nickname:		Gender:	
Date of Birth:		Child's contact number:	
Relationship to first referred child e.g. cousin/sibling			
Home address:			
	Postcode:		

(If applicable) - information about the 3rd child being referred:

Child's First name:		Surname:	
Nickname:		Gender:	
Date of Birth:		Child's contact number:	
Relationship to first referred child e.g. cousin/sibling			
Home address:			
	Postcode:		

Final question about the person making this referral...

How did you to come hear about BDCA's Growing Strong Project?

The data you have shared on this form will enable us to: assess your referees for service eligibility; monitor the diversity and impact of our charity's services; and help us to accurately report progress to our funders and stakeholders. This information will be held securely and treated confidentially in line with our Data Protection and Confidentiality Policies. See www.bonnydowns.org/resources or speak to our staff if you would like more information about how we will use your data.