



A community based project
for children and their families

Aosóg

Unit 1-3 Stanley Court,
62-63 Prussia Street,
Dublin 7.

Tel: 01 810 2122
Fax: 01 810 2123
Email: info@aosog.ie

Aosóg Referral Form

Child's Name: _____

Address: _____

Telephone No. (s) _____

Date of Birth: _____

School & Class: _____

Name of Person making the referral: _____

Agency: _____

Contact details: Phone _____ Email: _____

Reason for the Referral: _____

Referrer's expectations: How do you think the child will benefit from attending the Project?

Who does the child live with: _____

Family Composition: Please name all who live in the household

Name	Age if under 18	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other Agency working with the family? Tusla/School Completion/Youth Services/Public or Mental Health Nurse/Family Support etc. _____

Does the child's school/Teacher have any concerns about the child's learning or behaviour? If Ye, what are these concerns

Has the child been assessed in the last 2 years? _____ If yes, please be prepared to give a copy of the assessment report if the child is offered a place on the Project.

Any additional information that be useful in considering this referral _____

Referrer's Signature: _____

Parent/Guardian's Signature: _____

Date: _____

Please return the completed and signed form to: Project Leader, Aosóg,

Unit2-3 Staley Court, 62-63 Prussia Street, Dublin 7 D06P2KV.

Telephone: 01.8102122 Email info@aosog.ie or geraosog@gmail.com

Record keeping: Aosog is obliged to keep records of all children attending the service. Records are kept in accordance with the Data Protection Act 1998 and 2003. Freedom of Information Act 1977, and GDPR Regulations.