|  |  |
| --- | --- |
| **Address:** |  |
| **Telephone:** |  |
| **If phoning please ask for:** |  |
| **Email address:** |  |

*(Date)*

*(Name of recipient)*

*(Address of recipient)*

Dear

**REFERRAL ACKNOWLEDGEMENT**

|  |  |
| --- | --- |
| **Child’s name** |  |
| **Child’s DOB** |  |
| **Child’s address** |  |
| **Date referral received** |  |

I am writing to confirm receipt of your referral relating to the above child. Your referral has been passed to me for the appropriate action.

I will contact the family and arrange a visit to discuss the Psychology of Parenting Programmes which are being run in Argyll and Bute.

Feedback will be sent to you when the period of support is complete either when the parents have completed the programme or if parents have decided they did not want to attend a group at present.

Yours sincerely

***(Name)***

***(Designation)***