

**Request for Targeted Children’s Centre Service**

When completing this form please refer to the Prevention and Intervention Pathway document

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| **Before referral please consider the important points below:*** Is the family registered with Sure Start Children’s Centre?
* Has the Parent/Carer/Family given their consent for referral?

**FORM WILL BE RETURNED TO REFERRER IF FAMILY NOT REGISTERED OR NO CONSENT** **(SEE OVER)** |

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| **Child’s Name:** | Please make a copy of this form before completing | **Date of Referral:** |  |
| **D.O.B.:** |  | **Referrer’s Name:** |  |
| **Gender:** |  | **Role/Agency:** |  |
| **Home Address:** |  | **Tel. No:** |  |
|  |  | **E-mail Address:** |  |
| **Parent/****Carer Name(s):** |  | **Locality:** |  |

**Which prevention service do you require?**

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| Brilliant Babies - Conception to 1 year |  |
| Parent Plus - 9 months to 3 years |  |
| Tiny Talkers - 1 to 3 years |  |
| Great Expectations - 1 to 3 years |  |

**Which intervention service do you require?**

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| Incredible Years |  |
| Freedom Programme |  |
| Recovery Toolkit |  |
| HENRY |  |
| H.V. Plus Programme |  |

**Please see Prevention and Intervention pathway for more detail.**



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| **Research**Any other relevant info e.g. C.P., C.I.N., E.H., C.P., Plan Requirements, D.V., Risks |
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| **Please confirm the family are registered with Sure Start Children’s Centre?** |  |

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| **Signed - Referrer:** …………………………….……  **Signed - Family Consent:** …………………………………….. |
| **Referrer - what to do now:*** Print completed form and sign (Referrer)
* Family Consent - signature of family member required (**form will be returned if no consent**)
* Referrer to send completed form by e-mail to earlyinterventionhub@northumberland.gov.uk
* Please entitle your e-mail ‘**SSCC - Request for Service**’

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| **For SSCC Use Only:****Allocation Date**: …………………………………………………..**Allocated Worker**: …………………………………………………**Course Start Date**: ……………………………………………….. |

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