

Request for Targeted Children's Centre Service

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

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)**

Child's Name:	Please make a copy first	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 specialist service do you require?

Incredible Years	<input type="checkbox"/>
Freedom Programme	<input type="checkbox"/>
Recovery Toolkit	<input type="checkbox"/>
HENRY	<input type="checkbox"/>
H.V. Plus	<input type="checkbox"/>

Locality Specific Services (each locality offers the following age specific group):

Brilliant Babies - Conception to 1 year	<input type="checkbox"/>
Parent Plus - 9 months to 3 years	<input type="checkbox"/>
Tiny Talkers - 1 to 3 years	<input type="checkbox"/>
Great Expectations - 1 to 3 years	<input type="checkbox"/>

Please see 0-2 prevention pathway for more detail on the locality specific service for each age group.

Research

Any other relevant info e.g. C.P., C.I.N., E.H., C.P., Plan Requirements, D.V., Risks

Please confirm the family are registered with Sure Start Children's Centre?

Signed Referrer: Signed Family Consent:

What to do now:

- Print completed form and sign
- Family Consent - signature required
- Send completed signed form by e-mail to earlyinterventionhub@northumberland.gov.uk
- Please entitle your e-mail '**SSCC - Request for Service**'

For SSCC Use Only:

Allocation Date:

Allocated Worker:

Course Start Date: