

Request for Children's Centre Service

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

<http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Sure%20Start/Prevention-and-Intervention-Pathway.pdf>

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:		Date of Referral:	
D.O.B.:		Referrer's Name:	
Gender:		Role/Agency:	
Home Address:		Tel. No:	
Parent/Carer Name(s):		E-mail Address:	
Family Tel. No.:		Locality:	

Which prevention service do you require? Please tick one box only

Brilliant Babies - Conception to 1 year	<input type="checkbox"/>
Parent Plus - 9 months to 2+ years	<input type="checkbox"/>
Tiny Talkers - 1 to 2+ years	<input type="checkbox"/>
Great Expectations - 1 to 2+ years	<input type="checkbox"/>

Which intervention service do you require? Please tick one box only

Incredible Years/Babies	<input type="checkbox"/>
Freedom Programme	<input type="checkbox"/>
Recovery Toolkit	<input type="checkbox"/>
HENRY	<input type="checkbox"/>

Please see Prevention and Intervention Pathway for more detail

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Research

Any other relevant info e.g. CP, CIN, EHCP, Plan Requirements, DV Risks

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

Signed - Referrer: Signed - Family Consent:

Verbal consent given	Signature:	Role:
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Referrer - what to do now:

- Print completed form and sign (Referrer)
- Family Consent - signature of family member required (**form will be returned if no signed consent or verbal consent not signed**)
- Referrer to send completed 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: