

**Request for Children’s Centre Service**

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

[Link to: Prevention and Intervention Pathway](https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Sure%20Start/Prevention-Intervention-Pathway-September-2019-3.pdf)

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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**  **Please complete a separate form for each service requested** |

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| --- | --- | --- | --- |
| **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:** |  |
| **D.O.B:** |  |
| **Family Tel. No:** |  | **Locality:** |  |

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

|  |  |
| --- | --- |
| Brilliant Babies (Conception - 1 Year) |  |
| Parent Plus (9 Months - 2+ Years) |  |
| Tiny Talkers (1 - 2+ Years) |  |
| Great Expectations (1 - 2+ Years) |  |

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

**Incredible Years**

|  |  |
| --- | --- |
| Incredible Babies (Birth to 12 Months) |  |
| Incredible Toddlers/Pre-School (1 - 6  Years) |  |

**HENRY**

|  |  |  |
| --- | --- | --- |
| Families in the Making (Pre-Birth) |  |  |
| HENRY (0 - 4 Years) |  |  |
| Healthy Families Growing Up  (5 - 11 Years) |  |  |

**Freedom**

|  |  |
| --- | --- |
| Freedom Programme (Female 16+) |  |

**Recovery Toolkit**

|  |  |
| --- | --- |
| Recovery Toolkit (Female 16+) |  |
| Recovery Toolkit (Children/YP 8+) |  |

**Please see Prevention and Intervention Pathway for more detail:**

[Link to: Prevention and Intervention Pathway](https://docs.google.com/presentation/d/1dVqh3-v3vqqSuD-a2IMU-fVAswnx0zY_j01o5UmAB2c/edit?ts=5d9dc84f#slide=id.p)

|  |
| --- |
| **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 of Referrer:** | **Date:** |   **Referrer - what to do now:**   * Print completed form and sign (Referrer) * Family Consent (Signed) * Referrer to send completed form by e-mail to [earlyinterventionhub@northumberland.gov.uk](mailto:earlyinterventionhub@northumberland.gov.uk) * Please entitle your e-mail: **SSCC - ‘Request for Service**’  |  | | --- | | **For SSCC Use Only:**  **Allocation Date**: …………………………………………………..  **Allocated Worker**: …………………………………………………  **Course Start Date**: ……………………………………………….. | |