

**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**

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| --- | --- |
|  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**

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

 **Freedom**

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

 **Recovery Toolkit**

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| --- | --- |
|  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)

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| **Research**Any other relevant info e.g. CP, CIN, EHCP, Plan Requirements, DV Risks |
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| **Please mark the box to confirm the family are registered with Sure Start Children’s Centre?** |  |

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|  **Signed Referrer:** …………………………….…. **Signed Family Consent**: …………………………………….. |
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| --- | --- | --- |
| **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
* 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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