

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](#)

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

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)

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Parent Plus (9 Months - 2+ Years)

☐

Tiny Talkers (1 - 2+ Years)

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Great Expectations (1 - 2+ Years)

☐

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

Incredible Years

Incredible Babies (Birth to 12 Months)

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Incredible Toddlers/Pre-School (1 - 6 Years)

☐

HENRY

Families in the Making (Pre-Birth)

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HENRY (0 - 4 Years)

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Healthy Families Growing Up
(5 - 11 Years)

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Freedom

Freedom Programme (Female 16+)

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Recovery Toolkit

Recovery Toolkit (Female 16+)

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Recovery Toolkit (Children/YP 8+)

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Please see Prevention and Intervention Pathway for more detail:

[Link to: Prevention and Intervention Pathway](#)

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:

Verbal Consent Given:	Signature of Referrer:	Date:
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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'**

For SSCC Use Only:

Allocation Date:

Allocated Worker:

Course Start Date: