

Request for Targeted Children's Centre Service

When completing this form please refer to the Prevention and Intervention Pathway document within 'Targeted Children's Centre Services' on www.northumberland.gov.uk

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?

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"/>

Which intervention service do you require?

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

Please see Prevention and Intervention Pathway within 'Targeted Children's Centre Services' on www.northumberland.gov.uk

Research

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

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

Signed - Referrer: Signed - Family Consent:

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**)
- 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: