

## 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](http://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)**

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

**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 complete a separate form for each service requested.

Please see **Prevention and Intervention Pathway** within 'Targeted Children's Centre Services' on [www.northumberland.gov.uk](http://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](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: .....