

Office Use Only:

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## Professionals Request for Support Form - SEND

Any family with a child aged under 5 years who lives in Alton and the surrounding locality, that has been identified as in need of additional support is eligible. When discussing the type of support required with the parent(s)/carer(s), practitioners should ensure that the needs of the child are at the forefront.

### Referrer's details:

Name:	Address:
Role:	Postcode:
Organisation:	Tel. no:
Email:	

Please complete this form with the parent/carers

Full name	Male/Female	Date of birth	Relationship to child

### Family details

<b>Family address:</b>	
Postcode:	
<b>Contact details:</b>	Mobile:
	Landline:
	Email:
<b>Ethnic details:</b>	<b>Ethnicity (Please circle):</b> Asian / Black / White / Mixed / Any Other (please state)
	Home Language:
<b>Medical Information:</b>	GP Surgery:
	Do you have any special needs or disabilities? (Please circle): Yes / No
	Please Give details here:

<b>Household Information:</b>	<b>Are you in receipt of any of the following? (Please circle):</b> Universal Credit / DLA / Any Other			
	<b>Is your household income under £17,000? (Please circle):</b> Yes / No / Prefer not to say			
	<b>Are you a lone parent? (Please circle):</b> Yes / No / Prefer not to say			
	<b>Number of adults in household:</b>			
	<b>Number of children in household: 0-5</b> ..... <b>6-11</b> ..... <b>11-18</b> .....			

**Children** (please include all children within the household and details of any pregnancy)

Full name	Date of birth or EDD unborn baby	M	F	Pre-school/ nursery attended

<b>Emergency Contact Details</b> (who could we contact for you (the adult) in case of an emergency)	
<b>Name:</b>	<b>Phone No:</b>
<b>Relationship to you:</b>	

**Other agencies currently involved with the family** (Please tick and add names and numbers where known)

Family doctor		Voluntary Organisation	
Health visitor		Midwives	
Children's Services		NHS Speech and Language Therapy	
Homestart		Paediatrician	
Nursery/Pre-school		Portage	
Domestic Abuse services			
Adult mental health/drug/alcohol services		Other (please detail)	
CAMHS			

### What support has the family already been offered?

Please include details of assessments relating to this request for support that have been carried out, and include the documentation with this form. For example, strategies used by nursery etc – please be specific, e.g. timers, visuals.

### Support regarding SEND including speech and language development

In order to ensure that we best meet needs, please provide as much detail as possible.

**Please tell us about the following, tick all areas in which a delay is seen:**

Understanding instructions or questions		Using a range of words		Speaking clearly	
Attention and listening		Joining words together		Giving joint attention	

Does the child have delays in social communication (verbal and non-verbal language, gestures, facial expressions, echolalia etc)? If yes, give details.

Does the child have delays in social interaction (recognising own feelings and feelings of others, not responding to name, appearing not to listen, little or no interaction with others etc)? If yes, give details.

How does the child tell you that they want something?

Does the child become frustrated and what are the apparent causes of frustration?

Does the child show **specific** behaviours which cause concern? And if so please give details.

What is the **main area of concern** for the parent and for you as a professional?

**Are there any current/previous safety issues that the outreach staff must be aware of?**

(e.g. domestic abuse, alcohol/substance misuse, dangerous pets in family home)

**Consent signatures**

I declare that all information I have provided is true to my knowledge.

By registering these details, I understand that the information will be held confidentially on the Bushy Leaze database and only shared with partner organisations such as health services and children's agencies, for the purpose of contacting families to provide appropriate and timely services, evaluate service provision and for statistical analysis.

In accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, any confidential information regarding your family will not be passed onto organisations outside of Children's Services partners, as mentioned above, without your consent, unless it is of a Child Protection nature, in which case information will be shared with appropriate agencies.

**I have read and understood the above and give my consent for Bushy Leaze Children and Families Centre to store the information in this form and any further information provided.**

Can we contact client via (Please Tick)	Phone	Email	Text
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Are you happy for us to use pictures taken during groups, for the purposes of funding bids and to use on social media eg. Facebook and Instagram to promote our services? (please tick below)

YES		NO	
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Signed (parent/s).....

Date .....

**I confirm that I have gained permission from this family to share information and for the Bushy Leaze Children & Families Service to make contact.**

Signed (person making request).....

Role.....

Please send completed form to Bushy Leaze Children and Families Centre, Eastbrooke Road, Alton, Hampshire, GU34 2DR. Or email to [adminoffice@bushyleaze.hants.sch.uk](mailto:adminoffice@bushyleaze.hants.sch.uk)