

Office Use Only:

Date Received at Centre	
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Professionals Request for Support Form

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

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

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

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

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

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.

Family Needs (Required)	Details of support required in partnership with referrer.
1. Childs Physical Health (healthy eating, exercise, sleep etc)	
2. Emotional well-being (adult wellbeing, child's happiness, resilience, attachment and love)	
3. Keeping children safe (avoiding accidents, minimising risks)	
4. Social networks (family and friend support, social life, community events)	
5. Boundaries and routines (boundaries, behaviour, bedtime and other routines)	
6. Child development (Reaching developmental milestones, getting ready for school)	
7. Money and work (Paying bills, rent, secure and adequate home, work aspirations and job hunting.)	
8. Any other	

Summary of concerns:

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)

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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