**Request for Service Form**

**Information for Referrer**

* Please refer to the **Early Help Family Hubs (Children’s Centres) Prevention and Intervention Offer**
* Please complete a **separate form** for each service requested
* We welcome **self-referrals**
* Please consult with your local Family Hub (Children’s Centre) or Early Help Family Worker team regarding local **availability and schedule** of courses.
* Refer to one group and the service will **assess suitability**. During assessment, the service will align age ranges and needs to gain the most from the group offer.
* By submitting this information, you are **consenting to your details being held** in accordance with the Privacy Notice
* Forms will be returned if consent not provided

**Referrer details**

Please tick if you are completing the form on behalf of yourself or your own family, then skip to ‘**Child details’.**

|  |  |  |  |
| --- | --- | --- | --- |
| Referrers Name |  | Date |  |
| Role |  | Agency |  |
| Contact number |  | Email |  |

**Child details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name |  | Child DOB |  |
| Gender |  | Home Address |  |

**Parent Carer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent 1 Name |  | Parent 1 Telephone |  |
| Parent 1 Email |  | Parent 1 Address |  |
| Parent 2 Name |  | Parent 2 Telephone |  |
| Parent 2 Email |  | Parent 2 Address |  |

**Programme requested** *please only tick one box*

|  |  |  |  |
| --- | --- | --- | --- |
| **Prevention Groups** | | **Intervention Groups** | |
| Baby Explorers |  | HENRY Antenatal |  |
| Little Explorers |  | HENRY 0-5 years |  |
| Language Explorers |  | HENRY 4-12 years |  |
|  | | Solihull Approach – First 5 Years |  |
| Solihull Approach – Schools Years (5-18) |  |
| Reducing Parental Conflict – Me, You and Baby Too - DIGITAL |  |
| Reducing Parental Conflict – Arguing Better - DIGITAL |  |
| Reducing Parental Conflict – Getting it Right for Children - DIGITAL |  |
| Reducing Parental Conflict – Parenting when Separated |  |
| Incredible Years – Babies (0-1year) |  |
| Incredible Years – Toddlers (currently unavailable) |  |
| Incredible Years – Preschool (3-6 years) |  |
| Triple P – 6-19 Years |  |

**Supporting Information** please provide information in support of your request

|  |
| --- |
|  |

**Referrer Signature:** …………………… **Parent or Carer Signature:………………………**

please tick to confirm verbal consent has been given and the family has been made aware of the privacy notice

Send completed form by e-mail to [frontdoor@southtyneside.gov.uk](mailto:frontdoor@southtyneside.gov.uk)

Please title your email ‘**Request for Service Form’**