**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

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