

FLYING START CHILDREN'S CENTRE REFERRAL FORM

Please note if you have not received a confirmation letter within 7 working days
your referral has not been received.



A Sure Start Children's Centre

DETAILS OF CHILD BEING REFERRED:	
Surname:	First name(s):
Date of Birth:	Gender:
Address:	Is English their first language? Y / N
Post Code:	If not please date first language:
Religion:	Ethnicity:
Does the child have any Do you have any long-term illness, health problem or disability?	
Is the child on the Child Protection Register? Y / N If yes what is the date of the next CP Conference Review?	
Who has parental responsibility for this child?	

DETAILS OF PARENTS/CARERS:		
Name		
Address		
Postcode		
Telephone		
Mobile		
E-Mail		
Date of Birth		
Relationship to Child (eg mother)		
Long-term illness, health problem or disability?	Y / N (if yes please give details)	Y / N (if yes please give details)
Ethnic Group (see overleaf for codes)		
Is English their first language?	Y / N	Y / N
If 'no' what is their first language?		
Employment status (please tick <u>all</u> applicable options)	Employed Currently not in paid employment Education Full-time parent/carer Long-term sick or disabled Training Self Employed Other	Employed Currently not in paid employment Education Full-time parent/carer Long-term sick or disabled Training Self Employed Other
Do they smoke?	Y / N	Y / N
Are they a single parent?	Y / N	
Are they pregnant?	Y / N	Y / N
	If yes due date:	If yes due date:

OTHER CHILDREN IN THE FAMILY LIVING AT THE SAME ADDRESS:					
First Name	Surname	DOB	Ethnic Grp	Gender	Who has PR?
				M / F	
Long-term illness, health problem/disability?					
First Name	Surname	DOB	Ethnic Grp	Gender	Who has PR?
				M / F	
Long-term illness, health problem/disability?					
First Name	Surname	DOB	Ethnic Grp	Gender	Who has PR?
				M / F	
Long-term illness, health problem/disability?					
First Name	Surname	DOB	Ethnic Grp	Gender	Who has PR?
				M / F	
Long-term illness, health problem/disability?					

White British	WB	Mixed White & Black Caribbean	WBC	Asian Indian	AI
White Irish	WI	Mixed White & Black African	WBA	Asian Pakistani	AP
White Other	WO	Chinese	C	Asian Bangladeshi	AB
Black Caribbean	BC	Other Ethnic Group	O	Asian Other	AO
Black African	BA			Mixed White & Asian	WA
Black Other	BO			Mixed : Other	MO

REFERRERS DETAILS:	
Referred by:	Agency:
Designation/relationship to family:	Address:
Method of referral: (telephone/letter/other)	Tel no:
	Email:

ADDITIONAL INFORMATION:
Are there any known risks to workers visiting this family? Please specify:
Presenting Issues: Please give information you believe to be relevant in relation to the needs of the child and their family (continue on separate sheet if necessary).

Presenting Issues (cont/d ...)

Views of Parents:

Views of Child:

OTHER AGENCIES INVOLVED:

Contact Name/Role	Address:	Tel No:

THIS SECTION MUST BE COMPLETED BY PARENT/CARER:

Please read and sign the following

Data protection

- The information recorded in this form will be stored electronically and used to enable Children's Centre staff to offer appropriate support.
- At times the information may be passed to other professionals working on our behalf to provide a service to you and to Devon County Council for monitoring and evaluation purposes.
- We are legally obliged to share information with other agencies if there are safety concerns about you or your child/children.
- All data will be kept in accordance with the Data Protection Act 1998 and you have the right to access any information we hold on you or your children.

Use of photographic images

Photographs/video may be taken during groups/activities provided by the Children's Centre for use in promotion and/or service evaluation.

If you do not give permission for photographs/video to be taken of yourself or your child/children during Children's Centre activities please tick the box

Signed

Date

Print name

FOR COMPLETION BY FLYING START CHILDREN'S CENTRE

Date received:

Time Received:

Received by:

Level of vulnerability:

What actions / timescales are needed?

Outcomes:

- ✓ Be Healthy
- ✓ Stay Safe
- ✓ Enjoy and Achieve
- ✓ Make a Positive Contribution
- ✓ Achieve Economic Well-being

Desired outcomes for this child and family:

Work allocated to:

Decided by Clare Edmonds, Family Support Work Co-ordinator. Date:



