****The Poplars Children’s Centre request for family support

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| Is there an EHA in place | YES / NO If yes, please attach |
| Reason EHA has not been completed: |  |
| Is Children’s Services involved: | Yes/NO If so, in what capacity? |
| Contact details for Children’s Services | Name:  Contact details: |

­­Contact the children’s centre **before** sending this form.

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| Date of referral:  Name and contact details of referrer: | Agency of referrer:  *For Health use only:* please tick   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Antenatal contact | New birth visit | 8 week contact | | 1 year contact | 27 month review | |  |  |  | |  |  | | Community | | |  | | | | Universal | | |  | | | | Universal plus | | |  | | | | Universal Partnership plus | | |  | | | | |
| Family name:  Family Address  Postcode:  Contact Number: | Family composition including children’s date of birth:   |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| Information about the location, surroundings, pets any potential risks  Is there anyone with parental responsibility out of work? | | First language:  Other languages spoken: |
| Other known services involved with the family: e.g. childminder, pre-school, social care, health visitor. | | |

Cont’d referral form

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| Reason for referral: |
| Support required:  Please state if this is a joint visit request YES/NO |
| Expected outcomes: |

The Poplars Children Centre ***cannot accept*** any form ***without the parent’s signature*** consent, for joint visits signed consent is not required at this stage.

Signed parent........................................................................ Date ……………………......................

Signed referrer...................................................................... Date ……………………......................

**Data Protection Act 1998** ....... Children’s Centre (the ‘Centre’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Centre and other information available to the Centre (‘your information’). In accordance with the Data Protection Act 1998, the Centre will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Centre may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details, including a copy of the MAISP can found at [www.surreycc.gov.uk](http://www.surreycc.gov.uk)

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| Date of first contact | Outcomes achieved | Date support completed |
|  | YES NO PARTIALLY |  |

Please return form to **Sadif Khan, Outreach Worker, The Poplars Children’s Centre, C/o The Grange School, The Avenue, New Haw, Addlestone, Surrey. KT15 3RL.** If you would like to discuss the referral please call 01932 350605 or 07341 866432 or alternatively email Sadif on outreach.poplarscc@grange.surrey.sch.uk