**Request for Service Form**

**Information for Referrer**

* Please refer to the **Early Help Family Hubs Prevention and Intervention Offer.**
* Please complete a **separate form** for each service requested.
* Please consult with your local Family Hub 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**

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

**Child details**

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

**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.*

|  |  |  |
| --- | --- | --- |
| Solihull Antenatal (5 weeks) | [ ]  | Solihull Approach – First 5 years (0-5) (8 weeks) |[ ]
| HENRY Preparation for Parenthood (Conception to birth) (6 weeks) | [ ]  | Solihull Approach – Schools Years (5-18 years) (8 weeks) |[ ]
| Baby Explorers (Conception to mobile, 6 weeks) |[ ]  TRIPLE P Standard(0-12 years, 10 weeks) |[ ]
| Little Explorers (Mobile to 2 years) (6 weeks) |  | TRIPLE P Teens(6-19 years, 10 weeks) |[ ]
| GroBrain (Conception – 1 year) (4 weeks) |  | TRIPLE P Fear-Less |[ ]
| TRIPLE P Baby (Conception to 1 year) (8 weeks) |[ ]  Relationship Matters Parental Conflict – Arguing Well as a Couple |[ ]
| First Word Together (0-2 years) (5 weeks) |[ ]  Relationship Matters Parental Conflict – Parenting When Separated |[ ]
| Early Words Together (3-4 years) (6 weeks) |[ ]  HENRY Healthy Families Right from the Start (0-5 years) (8 weeks) |[ ]
| Breast Pump Loan |[ ]  Looking After Ourselves Workshop(90 minutes) (0-5 years) |[ ]
| Breast Feeding Advice/Support |[ ]  Eat Well for Less Workshop(90-minute) (0-5 years)  |[ ]
| Video Interactive Guidance – VIG |[ ]  Fussy Eating Workshop(90-minute) (0-5 years) |[ ]
|  |  | Healthy Teeth Workshop(90-minute) (0-5 years) |[ ]
|  |  | Understanding Behaviour Workshop(90 minutes) (0-5 years) |[ ]

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

|  |
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|  |

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

Please tick to confirm verbal consent has been given and they have been made aware of the privacy notice. [ ]

Send completed form by e-mail to: familyhubs@southtyneside.gov.uk

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