**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](mailto:familyhubs@southtyneside.gov.uk)

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