



# Request for Services form for Children's Centre

This form will be completed by a referrer with parent.

Name of Children Centre Requested:

Name of Parent/Main Carer:	Date of Birth:	Ethnic Group:
ADDRESS:		
Home Telephone Number:	Mobile Number:	
E-mail Address:		
Do you have any disability? (Please tick)	Yes	No
Details:		

Name of Child:	Date of Birth:	Ethnic Group:
ADDRESS: (if different)		
Does the child have any disability? (Please tick)	Yes	No
Details:		

## Family Details:

Details of other household members:			
Name	Date of Birth	Legal Relationship to the above	Ethnic Group

What language do you speak/understand? \_\_\_\_\_

## Service requested: (please give full details)

Family Link Worker:	<input type="checkbox"/>	Groups:	<input type="checkbox"/>
North Wessex Training:	<input type="checkbox"/>	Other:	_____
Job Centre Plus:	<input type="checkbox"/>		_____
Family Information Service:	<input type="checkbox"/>		_____

**Additional information:**

Why is this request needed? <i>(This section must be completed in all cases)</i>	
Other agencies involved?	
CAF in place?	Y/N

Is the family involved with Children and Families-Social Services? (Please give brief description)	
Children In Need: Y/N	Child Protection: Y/N

**Referrer Details** (Please tick):

Request from? Self Referral  Professional

Name:	Job Role( <i>If professional referring</i> ):
Contact Address:	Contact Number:

**We must have signed consent before referral can be actioned.**

**Signature;** Parent 1..... Date.....

Parent 2..... Date.....

Has the family agreed to this request and are aware that this information will be kept confidential in accordance with that Data Protection Act 1998 ?

Yes	No
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The Children's Centre will keep your information securely in accordance with the Data Protection Act 1998.

The Children's Centre will not normally share your information with other agencies without your consent. However if we have serious concerns that a child/ren or a parent is at risk of serious harm we may have a duty to share your information with other agencies without your consent as part of our duty of care.

**Office use only**

Date request received:	Allocated to:
Action:	