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| **Early Years Service Request Form for****Educational Psychology □ Portage Home Visiting Assessment □**Please tick the service you are requesting |

Please use this form if you feel a child has additional needs which their current level of provision is not addressing. You are not required to complete the whole form to the same level of detail; concentrate on the presenting issues. Do not hesitate to follow established child protection procedures as soon as any requirement to do so is identified.

Please attach copies of any assessments, records or observations that will help us to assess the needs of this child/young person. **Service Request forms will be returned if there is insufficient information attached.**

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| **1. Details of child or young person** |
| Legal First Name(s) |  | Legal Surname:  |  |
| Previous/AKA: |  | Date of Birth: |  | Age in Months |  |
| Lives with: |  | Yes: [ ]  No: [ ] If no, please state who does: |
| Does this person have parental responsibility? |
| Address (including postcode): |  |
| Gender:  | Female: [ ]  Male: [ ]  | Religion *(if known):* |  |
| **2. Details of Legal Parent / Guardian 1** |
| Legal First Name: |       | Legal Surname: |       |
| Date of Birth: |  | Email: |       |
| Telephone No: |  | Mobile No: |  |
| Parent’s Address: Post Code: |
| Relationship to the child  |  Do you have parental responsibility for this child? |
| **3. Details of Legal Parent / Guardian 2 (as per parental responsibility listed on the birth certificate of the child)** |
| Legal First Name: |  | Legal Surname: |  |
| Date of Birth: |  | Email: |  |
| Telephone No: |  | Mobile No: |  |
| Parent’s Address:Post Code: |
| Relationship to the child: | Do you have parental responsibility for this child? |
| **4. Early Years Setting**  |
| Name of Early Years Setting:       | Age Group: |  |
| Days and Sessions they are attending:       |
| **5. Child Protection Register?** | Yes: [ ]  No: [ ]  | Looked after child? | Yes: [ ]  No: [ ]  |
| Has there been, or is there any domestic abuse at home? | Yes: [ ]  No: [ ]  | Has there been, or is there currently involvement through the Early Support/ Social Care?  | Yes: [ ]  No [ ] If yes:Current: [ ]  Past: [ ]  |
| **6. Disability:** *(Please describe the nature of disability – including any support that may be needed by parent/carers in completing any forms sent)* |  | SEND  | Early Years SEN Support: [ ] EHC Plan: [ ]  |

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| **7. Ethnicity** |
| White British [ ]  Caribbean [ ]  Indian [ ]  White & Black Caribbean [ ]  Chinese [ ]  White Irish [ ] African [ ]  Pakistani [ ]  White & Black African [ ]  Any other ethnic group [ ]  Bangladeshi [ ] Any other White background [ ]  Any other Black background [ ]  White & Asian [ ]  Not Given [ ] Any other Asian background [ ]  Any other mixed background [ ]  |
| If other, please specify:       | Immigration Status:       |
| Child’s first language:  | Parent(s) first language: |
| Interpreter or signer required? Yes: [ ]  No: [ ]  |  Has this been arranged? Yes: [ ]  No: [ ]  |
| Details of any special requirements (for child and/or their parents):       |

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| **8. Referrer details** |
| Name: |  | Occupation |  |
| Establishment:  |
| Address: |  |
| Telephone No: |  | E-mail: |
| Have you seen this child/young person in connection with this service request? | Yes: □ No: □ |
| Have you seen the parent/carer in connection with this service request? | Yes: □ No: □ |

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| **9. What would you like to happen as a result of making this referral?** |
| (Please **be explicit** with the services you are hoping to receive for the child and the intended **outcome**. |

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| **10. Family and environmental factors** |
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| **11. Development of child or young person – main areas of concern****Please insert number 1-5 as appropriate (1 = mild concern and 5 = extreme concern)** |
| General health |  |
| Physical (including sensory) |  |
| Cognitive |  |
| Speech, language & communication |  |
| Behaviour, emotional & social |  |
| Participation in learning |  |
| Progress & attainment in learning |  |
| Self-care skills & independence |  |
| Self-esteem |  |
| Identity |  |
| Peer relationships |  |
| **Please comment on any areas scored higher than 3:**Please describe what is happening, where and when, how often and for how long, giving examples if possible. Is there anything else that may be influencing the current difficulties? Include any current medications or treatments. |
| **What are your observations and assessments regarding this child’s development. Please attach any supporting evidence/observations.** |
| **12. Child or young person’s strengths / interests** |
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| **13. Actions already taken to support child/young person** |
| Please give details of any strategies tried and whether they have been successful. **Please attach ILDP’s.** |

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| **Please attach the following documents if available:** Assessments [ ]  Reports [ ]  ILDPs [ ]  Observations [ ]  Action Plans [ ]  PEPs [ ]   Attainment data [ ]  Other [ ]  (please specify) ……………………………………………………………………………. |

Please tick the services involved with this child/young person/family and provide the names and contact details of those involved.

**Please fill this in as much as you can with the parent’s support**

|  |  |  |  |
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| ✔ | Agency/Professional/Organisation | Contact Person | Contact Details |
|  | GP |  |  |
|  | School nurse |  |  |
|  | Health Visitor |  |  |
|  | Counsellor |  |  |
|  | CAMHS |  |  |
|  | Paediatrician/Hospital Specialist Doctor |  |  |
|  | Educational Psychologist |  |  |
|  | Speech and Language Therapist |  |  |
|  | Physiotherapist |  |  |
|  | Occupational Therapist |  |  |
|  | Portage |  |  |
|  | Child Development Centre Torbay Hospital |  |  |
|  | Young Carers |  |  |
|  | Social Care |  |  |
|  | Parenting Services |  |  |
|  | Action for Children  |  |  |
|  | Targeted Youth Support |  |  |
|  | YOT/Police |  |  |
|  | Checkpoint |  |  |
|  | Specialist Advisory Teacher / Consultant |  |  |
|  | Outreach Services (please specify) |  |  |
|  | Attendance Improvement Officer |  |  |
|  | Other (please state) |  |  |

Signed.………………………………… (Referrer)

Print Name………………………………………………………………… Date ……………....

**Please return this completed form together with the Agency list and signed Parental/Carer Consent to** earlyyearssend@torbay.gov.uk

**2nd Floor (Room SF 332) Electric House**

**Torbay Council**

**c/o Torquay Town Hall**

**Castle Circus, Torquay**

**TQ1 3DR 01803 208579**

Torbay Children’s Services

Today’s Date: / /

Consent to Share Information

To help us work with you we would like to ask for your permission to share with and/or gather information from other external agencies so we can identify and provide support to best meet your family’s needs and keep you all safe.

|  |  |  |
| --- | --- | --- |
| Child’s Name(s): |  | DOB: / / DOB: / / DOB: / / DOB: / /  |
| Parent/Guardian/Carer |  |
| Parent/Guardian/Carer |  |

[ ] I agree to the gathering / sharing of my & my child(ren)’s personal information with other external agencies.

[ ] I do not agree to the gathering / sharing of my & my child(ren)’s personal information and I have been informed and given the opportunity to discuss what this may mean to me and my family.

[ ] I agree to the gathering / sharing of my & my child(ren)’s personal information with other external agencies **except for**:

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I have read and understand the privacy notice provided (overleaf) Yes [ ]  No [ ]

I am happy to be contacted to give feedback about the support I receive to help Children Services improve and get better Yes [ ]  No [ ]

\*I understand and agree to sharing of information as shown above:

|  |  |
| --- | --- |
| Signature of Parent/Carer: |  |
| Signature of Parent/Carer: |  |
| Signature of Child(ren): (12+) |  |
| Name of Worker:  |  |
| Signature:  |  |

\**At least one signature from the first three boxes is required for this referral*

The information we gather will be held securely in accordance with the Data Protection Act. **You can withdraw your consent at any time.**

Consent for Video and Photo

As part of your Torbay Portage Services we might consider it helpful to video or photograph your child during a Portage session. Observation of this will help plan future activities and will plot progress.

The photos may be used to support target setting, assessment purposes, communicating with other professionals, monitoring progress, celebrating success and sharing on the Torbay Portage Facebook Page. This would all be agreed with you prior to the photos being used.

Please sign below if you agree to this.

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| Child’s Name(s): |  | DOB: / /   |
| Parent /Guardian/Carer with Parental Responsibility |  |

Children’s Services Privacy Notice

**What information will we be processing?**

We need to process personal information about you such as your name, address, contact details, images, employment, and past employment details. We process personal information including multi agency safeguarding information to carry out assessments and may need to hold records of any court proceedings. We may need to hold physical and mental health information (including your NHS number). We will need to hold information regarding your circumstances and the reason we are working with you, this can include special category data such as details of your race and ethnic origin, your sexual orientation and life, religious or philosophical beliefs and group (such as trade union) membership and affiliations.

We will request and process personal information provided by other organisations and bodies including, but not limited to, Torbay Children’s Services, other social care services, education providers, healthcare providers and the police.

We are the 'data controller' in relation to your data.

**Why will we be processing it?**

We need to know this information about you so that we can help make sure you and your children's needs are met. We can do this by carrying out assessments to identify and deliver a wide range of services and support. If appropriate the information will help to formulate, review, and monitor your child’s progress against plans.

Your personal data may be anonymised and processed to help inform how we improve the service for others.

**What is our lawful basis?**

Our lawful basis for processing this personal and special category data is that is a task carried out in the public interest outlined in the General Data Protection Regulation as:

Article 6(1)(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

Article 9(2)(g) processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued.

These laws being:

* Children Act 1989 - Children and Families Act 2014
* Children Act 2004 - Children and Young Persons Act 2008
* Equality Act 2010

**Do we share your information?**

We may share your personal information with other organisations and bodies including, but not limited to, Torbay Children’s Services, other social care services, education providers, healthcare providers and the police.

Information about you may be provided to us by other organisations and bodies including those listed above.

We do not trade personal information for any commercial purposes, and we will only disclose your personal information if we have a lawful basis to do so, such as for the prevention and detection of crime.

**How long do we keep your information?**

We hold your information in line with associated retention periods defined by the different departments that process your personal information.

**What are my rights?**

Torbay Council’s Information Rights Policy is available upon request and can be found online at: [**www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/**](http://www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/)**.**

Privacy Notices can be found online at: [**https://www.torbay.gov.uk/council/information-and-data/data-protection/privacy-notice/childrens-pn/**](https://www.torbay.gov.uk/council/information-and-data/data-protection/privacy-notice/childrens-pn/)