

Area of current support:

**Has an assessment already been completed for this child?
Please tick all that apply and submit with this form:**

Single assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Child Protection Plan <input type="checkbox"/>	Child In Need Plan <input type="checkbox"/>
Co-ordinated assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Education Health and Care Plan <input type="checkbox"/>	
Common assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Early Intervention Plan <input type="checkbox"/>	

Service Area	Name	Role	Contact Details
Health			
Social Care			
Education			
Other			

Name of agency requesting support:	
Professional's name:	
Address:	
Contact telephone:	
Email:	
Signature:	

Please ensure parent / carers have completed the inside of this form

How do I get in touch?

For further information about how to contact your nearest Children's Centre and opening hours:

Email: fish@eastriding.gov.uk

Telephone: (01482) 396469

children's centre address label

Children's Centre Early Help & Support for Children 5 to 8 years

Who is it for?

Support, information and guidance can be for any family who needs a little extra help with:

- *Parenting* – 1-1 support / course for supporting parents self-esteem, confidence, emotional health, helping to manage your child's behaviour
- *Daily life* – Advice and strategies for parents to develop routines
- *Budgeting, benefits* – advice, information or signposting
- *Training* – in the centre or signposting to local providers
- *Healthy eating* – advice and information for parents supporting healthier lifestyles for the whole family
- *New baby* – The arrival of a new baby affecting older child(ren) – advice and strategies to support siblings to prepare for or with the arrival of baby
- *Parental agreement* – Advice, strategies to empower parents to agree what's best for your child(ren). Signposting to legal services

Additional support from your children's centre working in partnership with you and your family and other agencies such as:

- *School* - To build on strategies school have put in place to improve school attendance and behaviour to support your child's learning and development
- *Health* – To build on strategies from your school nurse, GP or other health professional to address your child's health needs
- *Housing* - To offer information and advice on where to seek further help
- *Help to access to childcare*

Referrals to specialist services including:

- *Domestic Abuse* – To support you with keeping your child safe
- *Alcohol and drug misuse* – To support you with keeping your child safe
- *Mental health issues* - Supporting the impact of mental health issues have on your child

If you feel the Children's Centre can support with any of the above, please complete this form.

Request for service

Child's details:					
Surname		First Name		Male/Female	DOB
School:			Class:		
Home Address			Current Address (if different from home)		
Mobile:			Telephone:		
'Significant Others' details: (including siblings, parents, other family members, partners, child-minders etc.)					
Surname	First Name(s)	DOB/ Age	Relationship to child	Address (if different to child)	

How we use your data

The information on this form will be stored securely by the East Riding of Yorkshire Council and used to provide you with our services, keep you informed and for monitoring purposes. The information will be processed in accordance with the Data Protection Act 1998. Please also be aware that should any safeguarding concerns arise, information may be shared in order to protect the safety of the individuals concerned. This will only be done under the guidance of the local safeguarding children board and specialist teams.

Declaration

I understand that the information I have given about myself and any other individuals will be held and processed by the East Riding of Yorkshire Council and it is my responsibility to make the other adults listed on this form aware that their details have been provided.

*Please note your request cannot be processed without either: Signed consent from person with parental responsibility **OR** Signature of professional who has gained verbal consent

Person giving parental consent

Print name	SIGNATURE	Relationship to child	Date

Professional who has gained verbal consent from the parent named in the box above:

Print name	SIGNATURE	Role/agency	Date

Area of support requested

(Please refer to the notes on the front)

What are you worried about or need help with?

What would you like the support to achieve?