

## Children's Centre request for family support

This form does not replace the Early Help Assessment (EHA) and should only be completed if the criteria for an EHA are not met.

Is there an EHA in place Yes/No

Reason EHA has not been completed:

**Contact the children's centre **before** completing this form.**

<p>Date of referral:</p> <p>Name and contact details of referrer:</p>	<p>Agency of referrer:</p> <p>For Health use only: please tick</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">antenatal contact</td> <td style="width: 15%;">New birth visit</td> <td style="width: 15%;">8 week contact</td> <td style="width: 15%;">1 year contact</td> <td style="width: 15%;">27 month review</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Community Universal</td> <td> </td> </tr> <tr> <td>Universal plus</td> <td> </td> </tr> <tr> <td>Universal Partnership plus</td> <td> </td> </tr> </table>	antenatal contact	New birth visit	8 week contact	1 year contact	27 month review						Community Universal		Universal plus		Universal Partnership plus	
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Universal plus																	
Universal Partnership plus																	
<p>Family name:</p>	<p>Family composition including children's date of birth:</p>																
<p>Address:</p> <p>Postcode:</p> <p>Contact number:</p>	<p>First language:</p> <p>Other languages spoken:</p> <p>Information about the location, surroundings, pets any potential risks</p> <p>Is there anyone with parental responsibility out of work?</p>																
<p>Reason for referral:</p>																	
<p>Other known services involved with the family: e.g. childminder, pre-school, social care, health visitor.</p>																	

Support required: Please state if this is a joint visit request

Expected outcomes:

Signed parent.....Date.....(for joint visits signed consent is not required at this stage)

Signed referrer.....Date.....

**Data Protection Act 1998** ..... Children’s Centre (the ‘Centre’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Centre and other information available to the Centre (‘your information’). In accordance with the Data Protection Act 1998, the Centre will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Centre may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details, including a copy of the MAISP can found at [www.surreycc.gov.uk](http://www.surreycc.gov.uk)

Date of first contact	Outcomes achieved	Date support completed
	YES NO PARTIALLY	