|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parents’ full Name** | **D.O.B.** | **Gender** | **Ethnicity** | **Address (including postcode)** | **Telephone and****e-mail address** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Child/rens’ Full Name** | **D.O.B.** **E.D.D.** | **Gender** | **Ethnicity** | **Address (including postcode)** | **Crèche Required****Please Tick-**[ ]  **Yes**[ ]  **No** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Referrer details** | The ‘referrer’ is the person completing this form. Each parent needs to complete a separate referral form if a professional is not completing this form. |
| **Date of referral:** |  |
| **Name:** |   |
| **Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **E-mail:**  |  |
| **Levels of need (if known)** | [ ]  **Level 1**- Universal (Single Agency Assessment)[ ]  **Level 2**- Universal Plus (Single agency assessment or Early Help Plan)[ ]  **Level 3**- Intensive (Support Early Help Plan)[ ]  **Level 4**- Specialist Support (Children’s Social Care Assessment) |
| **What are the main reasons for the referral? What needs to change or improve?** |
| **What support and services have the parents and children accessed? Are any support or services still involved?** |
| **Who has Parental Responsibility for each child?** |
| **Are there any literacy, language, disability or support needs for the parents or children?** |
| **Are there any court orders or court applications for the child/ren? If so, what are the key details?** |
| **Risk Assessment Information - Are there any known risks? Is there any known risk of harm to children?** |
| **Is there any other information you wish to share?** |
| **Parental Consent -** I confirm that I have written consent, that can be evidenced in my own organisations records, from a parent/carer who has parental responsibility for the child/ren listed above to register their details for groups and activities on Blackburn with Darwen borough council systems and to share key information required for this request form. |
| Date consent received: |
| Type of consent (written/verbal): |
| Person giving consent: |
| Person giving consent: |
| **What happens next?**Please email this form tocontactservices@canw.org.ukPlease use egress switch (secure email) to ensure it is secure and put ‘BwD Spring’ as the reference.Should you need any information please contact Levi on contactservices@canw.org.uk or ljhall@canw.org.ukPlease note that this service only operates on a Tuesday morning so there may be a delay in Levi getting back to you. |



**Kindness**

**Collaboration**

**Ambition**

**Respect**

**Trust**