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| See the source image**Early Years Forum Referral Form** |
| The Early Years Forum is a regular multi-agency planning meeting consisting of professionals from Education, Health, Social Care and the Third Sector from across the Vale of Glamorgan. This Early Years Forum referral form is to be used by professionals who have concerns regarding a child’s developmental progress and or physical / healthcare needs who may require a co-ordinated approach to access their childcare or education setting. |
| **The child MUST:*** **Be aged between birth and 5 years**
* **Not be attending a mainstream school or nursery**
* **Reside in the Vale of Glamorgan**
 | * **Written parental consent MUST be obtained to make the referral.**
* **An up-to-date SoGS / clinic letter / developmental profile / setting support plan MUST accompany this referral.**
* **Referrals MUST be received no later than half-term prior to nursery or school start.**
* **Incomplete referrals will be returned.**
* **This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg.**
 |
| **Please return completed forms to:** **Email:** earlyyearsforum@valeofglamorgan.gov.uk **Via Post:** Early Years Forum, The Vale of Glamorgan Council, Learning and Skills, Civic Offices, Holton Road, Barry. CF63 4RU |

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| --- | --- | --- |
| **1. Child’s Name and Address Details** | PARIS No. |  |
| Child’s Name |  | DoB |  |
| Known As |  | Gender |  |
| Current Address (including postcode)  |   |
| Telephone No. |  |
| Email address |  |

**2. Parent Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person | Relationship to Child | ParentalResponsibility | Contact details if different from above |
|  |  | YES / NO |  |
|  |  | YES / NO |  |

|  |  |  |
| --- | --- | --- |
| Is the child cared for by any person other than their parent/s?  | YES / NO |  |
| If YES, please provide further details. *i.e. Carer’s Contact Details, LAC; Care Order; etc* |

**3. Languages**

|  |  |
| --- | --- |
| Language/s spoken by parents/carers: |  |
| Language/s spoken by child at home: |  |
| Does the family need an interpreter? | YES / NO | Specify Language: |
| Do you wish to receive further correspondence in Welsh? | Written: YES / NO | Verbal: YES / NO |

**4. Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer: |  | Role: |  |
| Address / Base: |  | Tel: |  |
| Email Address: |  | Date of Referral: |  |

|  |  |
| --- | --- |
| Is the Child in a Flying Start Area? |  YES / NO |

**5. Medical Needs**

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| --- |
| Does the child have any medical needs or diagnosis? **\****Attach confirmation of any* ***diagnosis*** |
|  | Does the child require an individual Healthcare Plan? | YES / NO |

**6.** **Describe the child’s current level of development in each area**

 **Tick the primary need (only one):**

|  |  |
| --- | --- |
| **Speech, Language and Communication (receptive/ expressive) Primary Need:**  |  |
|  |
| **Cognition, Learning and Play Primary Need:**  |  |
|  |
| **Social, Interaction and Engagement Primary Need:**  |  |
|  |
| **Physical and Sensory (hearing/vision) Primary Need:**  |  |
|  |
| **Behaviour, Emotional and Social Development Primary Need:**  |  |
|  |

**7. Parent / Carer Views**

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| --- |
| What are parent/s views and desired outcomes from this referral? |

|  |
| --- |
| Significant events or relevant information in relation to child’s life. |

**8. Referrer’s Views**

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| --- |
| Summary of the child’s condition, current situation, strengths and challenges? |
| What’s working? |
| What’s not working or could be better? |

**9. Safeguarding Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the child on the child protection register? | YES / NO | Date of Registration: |  |
| If YES, under what category? |

**10. Professional/Services involved or have been referred to**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Professional | Role | Contact details | Involved (I) or Referred (R) |
|  |  |  |  |
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**11. Childcare / School**

|  |  |  |
| --- | --- | --- |
| Is the child currently attending playgroup, childcare or school?  | YES / NO |  |
| If YES please give further details *e.g. name and address of setting, days attending, times - am/pm etc* |
| Are you considering Welsh Provision? | YES / NO |  |

**12. Home Visit Information**

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| --- |
| Is there any relevant information needed to be known in relation to a home visit? YES / NO*If YES please specify below e.g., dogs, difficult location, access issues, parking, smoking etc* |

**13. Evidence**

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| Please list the evidence to support this referral *(e.g. SoGs, Wellcomm, developmental profile, setting support plan, clinic letter, health report, Treatment Plan, observations and screening baseline data)* |

**Equal Opportunities Monitoring:** This information is confidential and used solely for monitoring purposes

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| --- |
| **NATIONALITY**  |

|  |  |
| --- | --- |
| Please state your Nationality / Nodwch eich Cenedligrwydd |  |

|  |
| --- |
| **ETHNIC ORIGIN : Please tick one box** |

|  |  |  |
| --- | --- | --- |
| **WHITE**British****  Welsh****  Scottish ****  Irish ****  Northern Irish ****English ****  Gypsy or Irish Traveller **** Other ****If Other, please specify: **Any Other background, not listed** Arab ****Other****If Other, please specify: | BLACK British ****African ****Caribbean **** Other ****If Other, please specify:  CHINESE OR OTHER FAR EASTERN British ****  Chinese ****  Other ****  If Other, please specify  | **MIXED RACE** White and Black African/ ****White and Asian****White and Black Caribbean ****Other ****If Other, please specify: **ASIAN**British ****  Bangladeshi ****  Indian ****  Pakistani ****  Other ****  If Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **EARLY YEARS FORUM CONSENT FORM**The Early Years Forum is a regular multi-agency meeting consisting of professionals from Health, Education, Social Care and the Third Sector. The Early Years Forum work together to plan, support and review children from birth to five years whose developmental progress is causing concern or who may have emerging additional needs, physical and or healthcare needs so that they can access their childcare or education setting. This referral is not a notification to the Local Authority that the child may have ALN.The Early Years Forum is made up of a number of professionals employed by different services. In order to progress with the referral, it may be necessary to obtain information from professionals and organisations involved with the child. The information will be held in the strictest confidence in accordance with the UK GDPR and Data Protection Act 2018.Your informed consent for sharing of information will be sought and respected in all situations unless:*We are obliged by law to disclose information regardless of consent or otherwise or where it is unsafe or impossible to gain consent or consent has been refused, and without information being shared, it is anticipated a child will be at risk of serious harm, abuse or neglect.***You have the right to withdraw consent at any time in the process and can do so by contacting us at:** earlyyearsforum@valeofglamorgan.gov.uk Declining to sign any part of this form will not affect your child and family’s rights or entitlement to services in any way. |
|  |
| I have been informed by the referrer about the Early Years Forum & what this referral means.**Yes / No** I consent to information concerning my child being discussed at the Early Years Forum.**Yes / No**I consent to the Early Years Forum requesting information from the following professional services who may be involved with my child to help them make an informed decision.Health Services **Yes / No** Children Services **Yes / No**Educational Services **Yes / No**I understand that my child’s referral will be kept securely on file. **Yes / No****Signature of parent/carer:** **Name of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_\_**  |