

s

Surrey Early Support Service

### Providing early support for children aged 0-5 years old with disabilities and special needs

Consent/Referral Form for Parent/Carer

(Professional referrals must be made using an Early Help Assessment)

# Child’s details

|  |  |
| --- | --- |
| Forename(s) |  |
| Surnames |  |
| Date of birth |  |
| Gender |  |
| Ethnic origin |  |
| Family language |  |
| Address |  |
|  |  |
| Telephone number |  |
| Email address |  |
| Reasons for referral |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Details of parents/carers** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name |  |  | Contact tel. no. |  | | | |
|  | | |
| |  |  |  | | --- | --- | --- | | Relationship to unborn baby, infant, child or young person |  |  | | | |
|  | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Address |  |  | Parental responsibility? | |  | | Yes | No | | | |
|  | | |
| Postcode: |  |
|  | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name |  |  | Contact tel. no. |  | | | |
|  | | |
| |  |  |  | | --- | --- | --- | | Relationship to unborn baby, infant, child or young person |  |  | | | |
|  | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Address |  |  | Parental responsibility? | |  | | Yes | No | | | |
|  | | |
| Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Name** | **Location** | Contact number |
| GP (Family Doctor) |  |  |  |
| Health Visitor |  |  |  |
| Paediatrician |  |  |  |
| Physiotherapist |  |  |  |
| Occupational Therapist |  |  |  |
| Speech and Language Therapist |  |  |  |
| Children’s Community Nursing Team/Specialist Nurse |  |  |  |
| Specialist Hospital Consultant  eg Neurologist Ophthalmologist Audiologist, other. |  |  |  |
| Dietician |  |  |  |
| Portage |  |  |  |
| Early Years |  |  |  |
| STEPS (Educational Psychologist, Physical and Sensory Support ) |  |  |  |

I would like my child to be considered for the Surrey Early Support Service. I understand that the information will be shared with workers and professionals from a range of agencies in order to coordinate services and provide support for my child and my family, in accordance with the Data Protection Act 1998. I understand that I may withdraw from this service at any time and continue to receive services already provided by the agencies involved. The details given on this form are true to the best of my knowledge. I have the legal right to provide this information.

**Data Protection Act 1998.**  Surrey County Council (the ‘Council’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the Council (‘your information’). In accordance with the Data Protection Act 1998, the Council will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Council may share your information (but only 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 be found at [**www.surreycc.gov.uk**](http://www.surreycc.gov.uk). If you would like to apply for access to the information we hold about you please send a written request to the above address. **This information will be held electronically.**

Please indicate that you agree to the terms above Yes No

### For more information call 01372 833 423 or email: earlysupport@surreycc.gov.uk

### Address: Surrey Early Support Service, Fairmount House, Bull Hill, Leatherhead, KT22 7AH

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_