REFEVERAL FORM, BARLY HELP

KENSINGTON AND CHELSEA

FAMILY HUB – REQUEST FOR SUPPORT

(FAMILY SUPPORT, CHILDREN'S CENTRES & STATUTORY ATTENDANCE)

Please ensure that you have fully completed all parts of the form

The family Hub needs consent from the responsible person for the referred child, to enable us to provide support.

Has consent been given in accordance with the privacy Notice (please see last page)? □

Full Name Gender DOB Relationship **Ethnicity** Full Address & of Postcode Parent/Care Choose Click or Choose an item. an item. tap to enter a date. Choose Choose an item. an item.

Parent/Carer Contact telephone/Mobile Number	First Language	Interpreter required
		Choose an item.

Child Details:

Parent/Carer Details:

Full Name of Child	Gender	D	ОВ	Relationship	Ethnicity	School/Nursery
	Choose an item.	Click of to ento date.			Choose an item.	
	Choose an item.	Click of to enter date.			Choose an item.	
	Choose an item.	Click of to ento date.			Choose an item.	
Choose an item.		Click of to enter date.			Choose an item.	
	Choose an item.	Click of			Choose an item.	
Name	Se	ervice	Role	Date of completion	Contact Details (Email	Full Address

Name	Service	Role	Date of completion	Contact Details (Email & Phone number)	Full Address
			Click or tap		
			to enter a		
			date.		

Referrer's Details:

Please state if Child/Young Po	erson is in receipt SEN Support needs or has an EHCP or Not
Pleas	known to SEN. se add any additional information below:
Diagon state and a miles also	
riease state any services airea	dy involved. What support has already been provided?
What is the reason for this refe	rral?
What support do you think the	family might need?
Choose an item.	Choose an item.
Choose an item.	Choose an item.
Choose an item. Choose an item.	Choose an item. Choose an item.
Choose an item.	Choose an item.
Choose an item.	Choose an item.
What are the desired outcomes	6?
Request for support, please pro	vide a brief analysis:

Consent Details

The Family Hub department (consisting of services for Family Support, Children Centres) is referred to as the Early Help Service.

Please ensure that the primary carer(s) and/or young person are aware of the Privacy Notice and how their information will be used. The Early Help Service will conduct checks as necessary.

Consent Details for School Attendance Referrals

If you are referring for attendance reasons although we do not need parental consent it is still best practice to seek consent and if it is not given, inform the parent/guardian that you will need to referral to the Early Help Service. We will then work with you to try and engage the parent/carer and pupil in appropriate support to increase attendance.

Privacy Notice

The information you have been provided will only be used by the Early Help Service to help assess the support being provided, so that as a service we can effectively bring about the positive changes for you and your family. Your information will only be used for the intended purpose and shared with your consent with the services mentioned below. We will not collect any additional information about you or your family without asking. Whilst we are working together it may be useful for us to share your information or involve other agencies in your care, we will continue to ask your permission to share your information for this reason. However, the only exceptions to this would be to use your information for another purpose which may include:

- If the council has a legal duty to do so, to provide a complete service to you
- If there is a risk of serious harm or threat to life
- · If your child is not attending school regularly

If you have any questions regarding your Data Protection rights, such as accessing your personal information, etc. Or if you have a concern over the handling of your information. You can email the Council's Information Management Team: dataprotection@rbkc.gov.uk

Please return the form to the Early Help Service via email to: earlyhelp@rbkc.gov.uk