

**Area of current support:**

**Has an assessment already been completed for this child?  
Please tick all that apply and submit with this form:**

Single assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Child Protection Plan <input type="checkbox"/> Child In Need Plan <input type="checkbox"/>
Early Support assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Early Support Plan <input type="checkbox"/>
Common assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Early Intervention Plan <input type="checkbox"/>

Service Area	Name	Role	Contact Details
Health			
Social Care			
Education			
Other			

<b>Name of agency requesting support:</b>	
<b>Professional's name:</b>	
<b>Address:</b>	
<b>Contact telephone:</b>	
<b>Email:</b>	
<b>Signature:</b>	

**Please ensure parent / carers have completed the inside of this form**

**How do I get in touch?**

For further information about how to contact your nearest Children's Centre and opening hours:

**Email: [fish@eastriding.gov.uk](mailto:fish@eastriding.gov.uk)  
Telephone: (01482) 396469**

*children's centre address label*

**Children's Centre Early Help & Support for  
Children 0-5 years**

**Who is it for?**

**Support, information and guidance can be for any family who needs a little extra help with:**

- *Healthy lifestyles* – advice and information for parents supporting healthier lifestyles for the whole family, including healthy eating, breastfeeding and baby-led weaning
- *Confidence building and emotional health*
- *Child development and establishing routines* – including toilet training, sleep, managing behaviour and language development
- *Home learning opportunities* including Bookstart and bags of support
- *Parenting* – 1-1 support / course for supporting parenting skills including support through pregnancy
- *Information on services* – including getting out and about in the community and accessing activities
- *Home safety information*
- *Budgeting, benefits* – including help with form filling, attending appointments plus where to go for more specialist advice.
- *Training* – in the centre or signposting to local providers

**Additional support from your children's centre working in partnership with you and your family and other agencies such as:**

- *Early years services* - To build on strategies settings, childminders and Early Support have put in place to support your child's learning and development
- *Health* – To build on strategies from your health visitor, GP or other health professional to address your child's health needs
- *Housing* - To offer information and advice on where to seek further help
- *Help to access to childcare* – To support your family in accessing 2, 3 and 4 year funded places in partnership with FISH (Families Information Service)

Referrals to specialist services including:

- *Domestic Abuse* – To support you with keeping your child safe
- *Alcohol and drug misuse* – To support you with keeping your child safe
- *Mental health issues* - Supporting the impact of mental health issues have on your child

**If you feel the Children's Centre can support with any of the above, please complete this form.**

## Request for service

<b>Child's details:</b>				
Surname	First Name	Male/Female	DOB	
Childcare setting:			Key worker:	
Home Address			Current Address (if different from home)	
Mobile:			Telephone:	
'Significant Others' details: (including siblings, parents, other family members, partners, child-minders etc.)				
Surname	First Name(s)	DOB/ Age	Relationship to child	Address (if different to child)

### How we use your data

The information on this form will be stored securely by the East Riding of Yorkshire Council and used to provide you with our services, keep you informed and for monitoring purposes. The information will be processed in accordance with the Data Protection Act 1998. Please also be aware that should any safeguarding concerns arise, information may be shared in order to protect the safety of the individuals concerned. This will only be done under the guidance of the local safeguarding children board and specialist teams.

### Declaration

I understand that the information I have given about myself and any other individuals will be held and processed by the East Riding of Yorkshire Council and it is my responsibility to make the other adults listed on this form aware that their details have been provided.

\*Please note your request cannot be processed without either: Signed consent from person with parental responsibility **OR** Signature of professional who has gained verbal consent

#### Person giving parental consent

Print name	SIGNATURE	Relationship to child	Date

#### Professional who has gained verbal consent from the parent named in the box above:

Print name	SIGNATURE	Role/agency	Date

### Area of support requested

(Please refer to the notes on the front)

***What are you worried about or need help with?***

***What would you like the support to achieve?***