Devon Children's Centres
Referral Form Early Help for 0 – 8 years

Please email to:

North Devon and Torridge: Referrals_northern@actionforchildren.org.uk

Mid and East Devon: referralmideastdevon@actionforchildren.org.uk **Exeter:** exetercc@actionforchildren.org.uk

South Devon: referrals-southdevon@actionforchildren.org.uk

Allocated to:	Date:	Easpire No:	Estart No:

Referred Child details

Name	Date of Birth	Gender	Level CIC/CP/CIN/EHA	Ethnicity
			❑ CIC ❑ CP ❑ CIN ❑EHA	
			❑ CIC ❑ CP ❑ CIN ❑EHA	

Siblings/other children in family home

Name	Date of Birth	Gender	Level CIC/CP/CIN/EHA	Ethnicity
			❑ CIC ❑ CP ❑ CIN ❑EHA	
			❑ CIC ❑ CP ❑ CIN ❑EHA	
			❑ CIC ❑ CP ❑ CIN ❑EHA	

Parent/carer details

Name & Relationship	Phone	Date of Birth	Email	Address & Postcode	Ethnicity

Other adults living in family home

Name & Relationship	Phone	Date of Birth	Email	Address & Postcode	Ethnicity

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Preferred method of contact Including any communication and language needs
❑ Telephone ❑ Email ❑ Letter ❑ Other …….. Spoken language/ languages …… Any support with communication required? Y/N Support needed ……..

What are the needs of the referred child?
Please tell us about any significant events in the referred child's life
What would you like to see changed for the referred child? TO BE COMPLETED BY THE FAMILY
Please attach any relevant assessments or reports and list below;

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This section MUST BE COMPLETED, please tick below all that apply

Historical childhood abuse		**Adult disability/learning difficulty**	
Domestic abuse, current or previous		**Child disability/developmental delay**	
Substance misuse current or previous		**Neglect**	
Mental illness or distress in household		**Sexual abuse**	
A parent in prison or custody		**Emotional abuse**	
Care leaver		**Asylum seeker/refuge**	
Conflict in parental relationship		**Child in Care/Child Protection/Child in Need**	
Homelessness/risk of eviction/insecure housing		**Early Help Assessment completed on Right for Children**	
Workless household/poverty		**DHViP**	
Cultural and language barriers			

Parent/Carer Signatures

I consent for the information on this form to be shared with and stored by the Children's Centre and to receive Children's Centre Services

Signatures: **Print Names:**

Date: **MUST BE SIGNED BY THE PARENT OR CARER**

Referrers contact details **This will enable us to arrange a joint visit with you and the family**

Name: Address:	Contact telephone: (direct if possible)
Email:	Organisation:

Please tick to say that this referral has been shared with the parent/carer ☐

Please provide us with any information you feel is relevant for a Home Visiting Risk Assessment (including any existing Risk Assessments)

Do the family have a pet/s? (please circle) **Yes** **No**

If yes please give details