1. **Referrer’s details**

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| --- |
| **Referring service:**  |
| **Name of referrer:**  |
| **Contact details for referrer:** |
| **Are you happy to be contacted to discuss this referral?** [ ]  **Yes** [ ]  **No** |

1. **Parent Details**

|  |  |
| --- | --- |
| **First name:**  | **Second name:**  |
| **Contact number:** | **Postcode:** |
| **Email Address:**  | **D.O.B :**  |
| **Home language:** | **Ethnicity Code:** |
| **Total number of children:**  | **Role:** |
| **Is the parent registered at a children’s centre?**[ ]  **Yes** [ ]  **No****If Yes which centre? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Does the parent require translation support?**[ ]  **Yes** [ ]  **No** |

1. **Details of children under 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **First and Last Name:** | **Date of Birth** | **Sex: (male / female)** |  **Ethnicity Code (see list below)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Does the family currently attend any early years activities?** [ ]  **Yes** [ ]  **No** **If Yes which activities?** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **E1.** Asian or Asian British - Bangladeshi | **E2.** Asian or Asian British - Chinese | **E3.** Asian or Asian British - Indian | **E4.** Asian or Asian British - Pakistani | **E5.** Any other Asian background | **E6.** Black or Black British – African **E6a.** African **-** Somali | **E7.** Black or Black British - Caribbean |
| **E8.** Any other Black background | **E9.** Asian or Asian British and White | **E10.** Black or Black British (African) and White | **E11.** Black or Black British (Caribbean) and White | **E12.** Any other Mixed/ Multiple Ethnic background | **E13.** Arab or Arab British | **E14.** Latin American/Latin or Latin American and British |
| **E15.** Any other Ethnic Group | **E16.** White British | **E17.** White Irish | **E18.** White Gypsy or Irish Traveller | **E19.** White Polish | **E20.** White Portuguese | **E21.** Any other White background |

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1. **Details of referral**

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| **Description of services you would like a Parent Champion to accompany the parent to:** |
| **Why does this parent require support to access additional services?** |
| [ ]  **Lack of awareness of local area / local services?**[ ]  **Lack of trust / fear of judgement related to services?** | [ ]  **Low confidence/anxiety?**[ ]  **Lack of external support?** [ ]  **English as an additional language?** |
| [ ]  **Other? – please state****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Does the parent experience any of these challenges?** |
| [ ]  **Postal-natal depression**[ ]  **Mental-health difficulties**[ ]  **Domestic abuse** | [ ]  **Substance misuse** [ ]  **Child subject to an assessment of need (**Child in Need, Child Protection Plan, Common Assessment Framework**)** |
| [ ]  **Other? – please state****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Additional Information:** **Is there any other information you think would be useful for the Parent Champions Team to know?** |
| **Please read the following statement and confirm if the parent consents to this referral and the sharing and storage of their information by LEAP?**‘By agreeing to this referral, you agree for your data to be shared with LEAP’s Parent Champions service. Additionally, you also agree for National Children’s Bureau (specifically the Parent Champions services) to process my personal data and share anonymised information with LEAP for the purpose of equalities reporting, service evaluation and reporting about the programme to the funder, National Lottery Community Fund. I am aware that further information about the Parent Champions services, LEAP and how this data is collected, securely stored and reported on is available and I can freely request for this information.’[ ]  **Yes** [ ]  **No** |
| **Referrer’s signature:** | **Date:** |