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| **Wigan Early Learning & Childcare Team****Request for Involvement form (Parents/Professionals)** |

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| Name of person completing this referral: | Date referral completed: |
| Contact Details of the Referrer:Telephone:  | Contact Details of the Referrer:Email address: |
| Child’s Name: | Date of Birth: |
| Address: | Ethnicity and families home language: |
| Parent/Carer Names: | Parent/Carer telephone and email address: |
| Does the child attend a setting/Childminder? | Name of setting or Childminder: |

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| What was the outcome of the child’s 2-year-old check/WELLCOMM assessment? | Name of Health Visitor who completed the assessment? |
| Is the child known to any health professionals?**Yes No** (Delete as appropriate) | Provide names of professionals and update of their involvement: |
| Does the child have a formal diagnosis?**Yes No**(Delete as appropriate) | Please provide further details: |
| Is there an Early Help in place?**Yes No**(Delete as appropriate) | Name of lead professional:  |
| Is the child known to social care?**Yes No**(Delete as appropriate) | Name of Social worker and update of involvement: |

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| **Please provide brief details of the child’s needs and where possible attach a recent report:** |
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| **Child’s Main Area of Need (highlight appropriate need)** |
| Cognition & Learning | Communication & Interaction | Social, Emotional & Mental Health | Sensory, Physical or Medical |
| **Parents/Carers Views**: Detail here conversation with child’s parent/carer, their views on their child’s progress and development, any celebrations or concerns they wish to share. |
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| **Voice of the Child**  |
| What is important to me? Who is important to me? Things I like to do? |
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| **Parental Consent:** |
| **Parent/Carers consent:** * I give consent for my child’s setting or the referrer to discuss my child’s needs with the Early Learning and Childcare (ELCC) team.
* I agree to the Early Learning and Childcare Team to observe and assess my child.
* I give consent for the ELCC team to use the information gathered during the assessment to consider at an Early Years Panel if Early Years support for my child is appropriate.
* I give consent for ELCC to liaise with other professionals for further advice and support that may benefit my child.
* I give consent for the Early Learning and Childcare Team to contact me direct if needed.
* I understand that information will be recorded and stored on a database with the Early Learning and Childcare Team.
* I give consent for transitional information to be given to any setting or school to which my child is due to attend.
* I understand I will be kept fully informed of the outcome of any discussions by my child's setting or lead professional.
* I give consent for the Early Learning and Childcare Team to contact me to offer training and/or invite me to Parent Partnership sessions.
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| Name of Parent/Carer with parental responsibility: |  |
| Signature of Parent/Carer: | Date: |
| Name of referrer completing this form: | Position/service: |
| Signature of referrer: | Date: |

**Please complete and return the signed form to** **ELCCInclusion@wigan.gov.uk**