

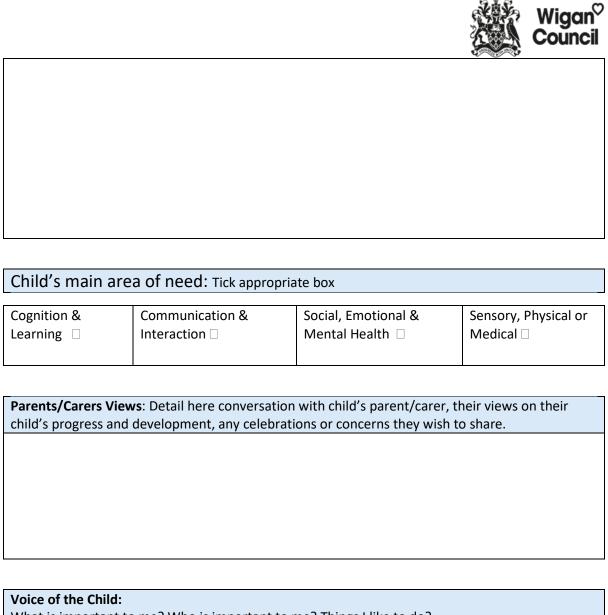
Wigan Early Learning & Childcare Team

Request for Involvement form (Parents/Professionals)

Name of person completing this referral:	Date referral completed:
Contact Details of the Referrer:	Contact Details of the Referrer:
Telephone:	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:

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

Please provide brief details of the child's needs and attach any recent reports, including involvement from any other professionals;



What is important to me? Who is important to me? Things I like to do?

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.

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