

## 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: 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:

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? <b>Yes      No</b> (Delete as appropriate)	Provide names of professionals and update of their involvement:
Does the child have a formal diagnosis? <b>Yes      No</b> (Delete as appropriate)	Please provide further details:
Is there an Early Help in place? <b>Yes      No</b> (Delete as appropriate)	Name of lead professional:
Is the child known to social care? <b>Yes      No</b> (Delete as appropriate)	Name of Social worker and update of involvement:

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

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**Child's main area of need:** Tick appropriate box

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.

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](mailto:ELCCInclusion@wigan.gov.uk)