**Invest in Play**

Referral Form

We welcome referrals from parents and carers wishing to attend the Invest in Play programme (self-referral), and professionals from external agencies making a referral.

Please complete all relevant sections of this form. Please email the completed form to enquiry@burnsidecentre.org.uk or hand deliver to Burnside’s main reception.

Invest in Play is an evidence-based programme for parents and caregivers with children aged 2-12 years, which aims to provide the building blocks to:

* **Improves children’s emotional and social development,**
* **Reduces children’s behavioural difficulties,**
* **Improves parental well-being and confidence,**
* **Strengthen parent-child relationships, using play and positive attention,**
* **Build positive foundations for life.**

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| **Self- Referral?**(If yes, please circle then go to page 2.) | YES | **Agency Referral?**(If yes, please circle and complete the form) | YES |

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| **Referral Agency Details:**  |
| Referral Agency Name |      | Contact Name for this referral |   | Contact Number |   |
| Organisation Address |      | Postcode |   | Email Address |   |

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| **Additional details – Reason for referral?** please give brief details below and any information you feel would be helpful to ensure they get the best out of the course:  |
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| **Learner Details/Personal Information:**  |
| Full Name |   | Date of Birth |  | Country of Birth |   |
| Known As |    | Gender |  | Contact Number |   |
| First Language |  | Ethnicity |  | Email Address  |  |
| Full Address |  | Postcode |  |

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| **Do you have parental responsibility?** (Please tick) |  | Please provide details of the children residing at your address under your legal care, in the table below |
| **Child(ren) Information:**  |
| Child’s name  |    | D.O.B   |   | Gender  |    | Educational setting |   |
| Child’s name  |    | D.O.B   |   | Gender   |    | Educational setting |  |
| Child’s name  |    | D.O.B   |   | Gender   |    | Educational setting |  |
| Child’s name  |    | D.O.B   |   | Gender   |    | Educational setting |  |
| Child’s name  |    | D.O.B   |   | Gender   |    | Educational setting |  |
| Child’s name  |    | D.O.B   |   | Gender  |    | Educational setting |  |

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| **Details of other agencies supporting or previously supported the family/child(ren)** |
| Agency  | Name of key professionals  | Telephone No’s/Address  | Current Involvement Yes, or no?  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

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| **Does parent or child have special education needs or a disability?**  | YES | NO |
| If yes, please give details:  |
|    |
| Is child(ren) identified as a child in need?  | YES | NO |
| Or subject to a child protection plan?  | YES | NO |
| Is an Early Help in place?  | YES | NO |
| Current Social Worker? Name: Contact Number:  |

In submitting this form, you agree to the referral and understand that the information provided will be kept by Burnside Centre in line with GDPR. Burnside Centre will always protect personal information under our Privacy Policy. The information will only be accessed by necessary Burnside staff.

I understand my data will be held securely and will not be distributed to third parties, however in relation to Safeguarding, GDPR does not prevent, or limit, the sharing of information for the purposes of keeping children and/or vulnerable adults safe.

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| Print name |  | Signature |  | Date |  |