HOW ACTION FOR CHILDREN IS WORKING WITH Devon County Council

Parent Progression Team

Referral Form

Exeter Community Initiatives eci

Helping where it matters most

Parent/Carer Details:		
First Names	Surname	DOB

Contact Details:	
Home Address:	Postcode:
Email:	
Telephone/Mobile No.:	

Preferred method of contact (Including any communication needs)

❑ Telephone ❑ Email ❑ Letter ❑ text: ❑ Other :

Ages of Children (please indicate in boxes provided how many in each age range)

❑ Age 0-2 ❑ Age 3-4 ❑ Age 5-8 ❑ Age 8 plus

For the Individual: What would you hope to achieve through applying for this referral?

Childcare Support: In order to participate within this programme would you need…

❑ Advice on Childcare Entitlements ❑ Childcare Provision

Please continue over page….

For the individual: What areas are you interested in? (tick all that apply)
❑ Literacy Skills ❑ Numeracy Skills ❑ ICT Skills ❑Volunteering ❑ Adult Learning Courses ❑ Financial Advice ❑ Moving towards work/employment

Referrer's contact details			
Name		Date of Referral	
Contact No.:		Email:	
Organisation:		Address:	
Current Early Help Support Level	❑ CIC ❑ CP ❑ CIN ❑EHA ❑Universal		

Please provide us with any information you feel is relevant for a Home Visiting Risk Assessment
Do the family have a dog? (please circle) Yes No

CONSENT – MUST BE SIGNED BY THE <u>PARENT OR CARER</u>
I consent for the information on this form to be shared with and stored by Exeter Community Initiatives and Action For Children who are working in partnership to deliver the Parent Progression Project. **Parent/Carer Signature:** **Parent/Carer Print Name:** **Date:**

PLEASE SCAN <u>SIGNED</u> FORM AND <u>SECURELY</u> EMAIL TO:

referralsppt@eci.org.uk

Staff Use Only:		
Date Referral Received:	Allocated To:	Date First Contact Made: