MIDLOTHIAN SURE START
REGISTRATION & REFERRAL FORM

Midlothian Sure Start aims to give very young children (from pre-birth to 11 years) the best possible start. We provide a range of services through six centres and on an outreach basis.

Parent/Carer 1	**Date of Birth**
Home Address	Telephone Numbers Email Address
Caring role Lone mother/Lone father/Shared responsibility/Kinship carer/Grandparent/LAAC Parental Rights and responsibilities Yes ☐ No ☐	
Parent/Carer 2	**Date of Birth**
Home Address	Telephone Numbers Email Address
Caring role Lone mother/Lone father/Shared responsibility/Kinship carer/Grandparent/LAAC Parental Rights and responsibilities Yes ☐ No ☐	

Are you happy for us to contact you via (tick all that apply)? ☐ **Email** ☐ **Letter** ☐ **Phone** ☐ **Text**

Child(ren)'s Details

Children's Names Known as and previous surnames	**Gender**	**Date of Birth**	**Health Visitor (children under 5)/Medical centre**	**School (older children)**

Additional space at back if required.

Referral rec'd: .....

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Child	Allergies/Health Needs	Additional support Needs	Other concerns
			☐ child protection ☐ Wellbeing concern/team around child ☐ Other (specify)
			☐ child protection ☐ Wellbeing concern/team around child ☐ Other (specify)
			☐ child protection ☐ Wellbeing concern/team around child ☐ Other (specify)
			☐ child protection ☐ Wellbeing concern/team around child ☐ Other (specify)

Additional space at back if required.

Emergency contacts or other significant adults:

Extended Family Details & Other Significant Adults					
Name	**Relationship**	**Address**	**Phone Number**	**Emergency Contact?**	**Authorised to collect?**
				☐ Y ☐ N	☐ Y ☐ N
				☐ Y ☐ N	☐ Y ☐ N
				☐ Y ☐ N	☐ Y ☐ N

Reason for Referral (This form needs to be completed in partnership with the family or by the family
Please give an outline of the reasons for referral. **What are your worries/concerns?**

Referral rec'd: .....

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Has a referral been made to another agency (e.g. CAMHS, Homelink, Educational Psychologist, Wellbeing Co-ordinator, Social Work)

What support has been tried before or is being offered at present? Did it help?

Do you feel any of these services would be of use to your family/the family you are referring?

☐1:1 support ☐ Group work ☐ Support in the home ☐ Early learning for child ☐ Therapy (counselling/play/art/family) ☐ Dynamic Dads ☐ Parenting course ☐ Family Learning ☐ Sleep counselling ☐ Other

What do the family think would make a difference and why? (type of services/support that could help?)

What does the referrer think would make a difference and why? (where applicable)

What would you hope to get out of the referral (the end goal)?

Referral rec'd: .....

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Person completing document			
Name:			
Position: (where applicable)		Agency: (where applicable)	
Address:			
Postcode:			
Telephone:		Email:	

Other agencies Involved with the family e.g. School/Nursery, GP, Health Professional, Social Worker			
Name	**Role**	**Place of Work**	**Contact Details**

Consent to referral

In order for us to provide the best service, we will need:

1. Enter the information on a database
2. Take the referral to an allocation process (see below)

Consents (To Be completed by the Parent/Carer before referral can be accepted)		Yes/No
On behalf of my family, I agree to this referral being made.		
I agree to the referral to be taken to a multi-agency allocation meeting and for information to be shared for the purpose of offering a service and providing appropriate support.		
I agree that I am willing /able to engage with the agency offering a service		
I agree that my information will be entered into a database for the purpose of offering a service		
I do not want my information shared with:		
Signatures (Parents/Carers):		Date:
		Date:

Any additional information (additional children/further information)

Referral rec'd: .....

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Administration (completion by MSS)	
Date referral received:	
Date letters sent:	
Date of allocation meeting:	
Lead appointed:	
Date of first contact/efforts at contact:	
Service offered:	
Date of starting:	
Date of closing file:	

Please send form to:
Referrals/Enquiries
Midlothian Sure Start
Colliery Court
McSence Business Park
32 Sycamore Road
Mayfield, EH22 5TA

Or: referrals@midlothiansurestart.org.uk

Enquiries: 0131 654 0489

Form updated January 2018

Referral rec'd: .....