

Date referral received (scheme use) Family No (scheme use).....

MUSIC THERAPY GROUP REFERRAL FORM



Support and friendship
for families

This is a closed group for children with additional needs aged under 3.

Please send completed referral forms by email to: marion@hses.org.uk or by post to: Home-Start East Sussex, 30A High Street, Newhaven. BN9 9PD

Name of child..... Gender: M / F Age:yrs.....mths

Address.....

..... Postcode

Subject to assessment of needs e.g. CAF/ EHC Plan? Y / N

If so, who is the lead professional?

	Name	Phone number
Family GP		
Health Visitor		

Details of Child's Additional Needs/Health Conditions

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.....

Name of main carer..... Relationship to child

Tel. No Mobile No E mail

What do you hope you will gain from attending the group? (Tick any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Learn more about child development | <input type="checkbox"/> Improve my relationship with my child |
| <input type="checkbox"/> Learn new ways to play with my child | <input type="checkbox"/> Have fun with my child |
| <input type="checkbox"/> Meet other parents | <input type="checkbox"/> Find out about other services |

What do you hope your child will gain from attending the group? (Tick any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Social interaction | <input type="checkbox"/> Improved concentration |
| <input type="checkbox"/> Develop creative skills | <input type="checkbox"/> Improved communication skills |
| <input type="checkbox"/> Improved confidence | <input type="checkbox"/> Improved fine/gross motor skills |

Any other information you feel we should know?

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Details of Family (please include details of all children under 18)

	Full Name	Date of birth	Gender		Immigration status			Consider themselves to be disabled YES?	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White		
			Male	Female	Asylum	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish
Main Carer																					
Partner living in household																					
Child 1 (eldest)																					
Child 2																					
Child 3																					
Child 4																					
Child 5																					

How did you hear about Home-Start? ☐ Friends/family ☐ Health visitor ☐ Social worker ☐ Early Years ☐ Other

Have you received Home-Start support previously? YES / NO If yes, when did Home-Start support end? Date:

Home-Start retains essential information about your support which is used by the scheme and Home-Start UK for monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the Data Protection Act and the Home-Start confidentiality policy. We are unable to process your referral until we have received this form. We will try to respond to you within two weeks to tell you about progress with this referral.

Thank you for taking time to provide this information.

For Office Use Only:

The following written information was given to the family (please select box):

☐ Scheme information ☐ Other information (please specify):

☐ Information sheet with details of Confidentiality, Information Sharing, East Sussex Children Index, Health and Safety and Complaints

The family has also been informed that Home-Start retains essential information about their support which is used by the scheme and Home-Start UK for monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the Data Protection Act and the Home-Start confidentiality policy. The family has been asked if they are happy for their names, addresses, dates of birth and ethnicity to be shared with their local Children's Centre.

If you have any issues or concerns about the referral process or the support you receive please contact:

Kate Lawrence, Scheme Manager, HSES, 30A High Street, Newhaven. BN9 9PD Tel 01273 612025, e-mail kate@hses.org.uk

Organiser's/ Co-ordinator's signature: **Parent's signature:** **Date:**

Is support offered? YES / NO

Date:

If no, what is the reason? (please select one):

- | | |
|--|--|
| <input type="checkbox"/> Family declines support | <input type="checkbox"/> HS not appropriate for family |
| <input type="checkbox"/> Support postponed | <input type="checkbox"/> Inappropriate referral |
| <input type="checkbox"/> Other (please specify) | |

If yes, what support will be offered? (please select one):

- | | |
|--|---|
| <input type="checkbox"/> Home-Visiting | <input type="checkbox"/> Group (date starts)..... |
| <input type="checkbox"/> Both | <input type="checkbox"/> Other |

Comments: