Herefordshire Portage Service Referral Form

| Name of Referrer  | Date of Referral |
| --- | --- |
| Child details |
| Forename |  | Gender |  |
| Surname |  | Ethnicity |  |
| Date of birth |  | First LanguageInterpreter needed Y/N |  |
| Age |  | Nursery/setting |  |
| Address and postcode |  |
| Are there any safeguarding issues?  | Y/N (if yes, please specify) |
| Diagnosis/relevant history |  |
| RLQ/ NHS Number  |  |
| Criteria Confirmation | *In order for Portage to be suitable, children should either a) not be in a setting OR b) be in a setting for no more than 15 hours* ***and*** *fulfil one or more of the criteria below.* *Please tick which of the criteria this referral meets.* |
| The child is functioning within the severe developmental delay category. |  |
| The child has a rare/complex/ profound medical conditions which do not fit with the above delay in development. |  |
| *Priority will be given to vulnerable children, children in care, children of military families and children with a Child Protection Plan. Children will be accepted onto the waiting list up to and including the Spring term before they start school***Please specify priority category: CLA / CIN /CP/ MOD** |

| Parent/Carer details |
| --- |
| Forename |  | Forename |  |
| Surname |  | Surname |  |
| Contact telephone number |  | Contact telephone number |  |
| Email |  | Email |  |
| Address and postcode (if different) |  | Address and postcode (if different) |  |

|  |
| --- |
| Referrer details |
| Forename |  | Job title |  |
| Surname |  | Contact telephone number |  |
| Email |  |
| Address and postcode |  |
| Reason for referral  |  |
| Desired outcome from this referral |  |
| Any other professionals involved |  |

*Please ensure that all parts of this form are completed and returned with the Herefordshire Information consent form (see attached) via:*

* *Password protected email to* *educationandbusiness@herefordshire.gov.uk*
* *Anycomms to ‘Early Years Inclusion’*
* *Post to Business Support, Plough Lane, Hereford, HR4 0LE*

**Information Sharing and Consent**

**for the Provision of Education Services**

**Information sharing**

Information about you and your family is confidential and will not normally be shared with other agencies without your consent. In order to provide your child(ren) and your family with the most appropriate support, our staff may need to gather information from and share information relating to your child(ren) with other agencies. If you decide that you do not wish us to gather or share your information with particular services, it might reduce the effectiveness of any assessment we carry out. It is however your right to make that decision.

Where a child being at risk of significant harm or where we are legally required to do so for other reasons, we may need to share information about you or your family without your consent. If possible, we will let you know that we have done this and we will process your data in accordance with our statutory duties.

**Recording of Information and Access to Records**

Herefordshire’s Children and Families Directorate need to collect, record and use information about you and your family in order to be able to work effectively and to deliver our services. We collect and process this information in accordance with the Data Protection Act (2018) and have a duty to ensure that any information we hold is kept securely and is used for the purposes that it is intended. We also have a duty for information stored to be adequate, relevant and not excessive; to be accurate and kept up-to-date and for the information not to be held longer than necessary.

Your relevant personal information will be held in an electronic file. This information may be in the form of correspondence, reports and records of our work with you. Your records are accessible by any worker, manager and senior managers within Herefordshire’s Children and Families Directorate, although they can only access records where they have a legitimate reason for doing so. The Herefordshire’s Children and Families Directorate Privacy Notice can be found on the privacy section of our website:

<https://www.herefordshire.gov.uk/directory-record/5874/children-and-families-services-education-privacy-notice>

You have a number of rights under data protection law including the right to request access to the records we hold about you at any time. For information about your rights under data protection law please see our website.

The consent will last for the period that Herefordshire Council’s education services are involved with your family unless you withdraw or amend your consent. Where a new team starts working with your family or where there is a gap in the service we provide, you will be asked to confirm that the existing consents are still applicable.

**CONSENT FORM**

***(One form to be completed per parent with parental responsibility/carer/significant adult in household)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent/carer** |  | **Has parental responsibility?**  | **Yes No** |
| **Name of child** |  | **Date Of birth** |  |
| **Name of child** |  | **Date Of birth** |  |
| **Name of child** |  | **Date Of birth** |  |
| **Name of child** |  | **Date Of birth** |  |
| **Address** |   |
| **Postcode** |  |

**☐ I agree to information about my child(ren) being gathered from and shared with the following agencies listed below where they are involved with your family. Please tick box if you agree** or identify any teams you do not want information shared with in the table below. You do **not** need to complete the table below if you have ticked the “agree”**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency/Service** | **Teams within service** | **Consent given to gather information from****Yes / No**  | **Consent given****to share****information with****Yes / No** |
| Herefordshire Council  | * Hearing Impairment Team
* Visual Impairment Team
* Physical Disability Team
* Early Years Service
* English as an additional Language
* Elective Home Education
* Traveller Education
* Social Inclusion Team
* Post-16 Educ. and Skills
* Virtual School for looked after and previously looked after children
* School Admissions
* Special educational needs/ EHC assessment team
* Educational Psychology
* School Transport
* Indep. Travel Training
* Portage
* Behaviour Support
* Hospital and Home Tuition
* Safeguarding in Education
 |  |  |
| Herefordshire Council | Children with Disabilities Social Care Team |  |  |
| **Agency/Service** | **Teams within service** | **Consent given to gather information from****Yes / No**  | **Consent given****to share****information with****Yes / No** |
| Herefordshire Council | Other children’s social care teams  |  |  |
| Herefordshire Council | Early Help Team |  |  |
| Wye Valley Trust and Herefordshire Council | Teams at the Child Development Centre (CDC) including paediatricians |  |  |
| Wye Valley Trust | Children’s Therapy Services:* speech and lang. therapy
* occupational therapy
* physiotherapy
* Specialist and complex nurses (incl diabetes, asthma etc)
 |  |  |
| Wye Valley Trust | Other Services at Hereford Hospital, e.g, hearing, vision |  |  |
| Specialist Health Services  | Specialist Health Services outside of Herefordshire |  |  |
| Youth Offending Service | Youth Offending Teams |  |  |
| Child and Adolescent Mental Health Service (CAMHS) | Child and Adolescent Mental Health Service (CAMHS) |  |  |
| Herefordshire Council | Adult and Well-being Teams |  |  |
| Schools, colleges and other educational settings | Your child’s current or previous school, college, Early Years provider or other educational setting |  |  |

**Please state any specific services not listed that you do not want us to gather information from:**

**Please state any specific services not listed that you do not want us to share information with:**

**☐ I give consent for Herefordshire’s Children and Families** **Directorate to conduct educational assessments and to provide support as detailed in relevant educational plans for my child.**

|  |  |
| --- | --- |
| **Parent/carer name** |  |
| **Signature** |  |
| **Date** |  |