# REFERRAL FORM FOR:

**SEND & Portage Early Years Specialist Service**

**Southampton SEND & Portage Early Years Specialist Service**

Southampton City Council

Lower Ground Floor, North Block

Civic Centre

Southampton SO14 7LY

Office number: 02380 834375

Email: portage.earlyyears@southampton.gov.uk

***Revised: April 2024***

**Name of Child: Male/Female**

**Date of Birth: Date of Referral:**

**NHS Number: CLA/CIN?**

**Name of Parent or Guardian:**

**Address : Postcode:**

**Email address:**

**Telephone no:**

**Boxes must all be ticked for us to be able contact.**

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| --- | --- |
| I understand, that by completing this form, a member of the SEND & Portage Early Years Specialist Service will advise me on ways to support my child, following the completion of any relevant paperwork. **(Parent to tick)**  |  |
| I understand, that by completing this form, a member of the SEND & Portage Early Years Specialist Service will advise my child’s Setting on ways to support, following the completion of any relevant paperwork. **(Parent to tick)**  |  |
| I understand, that by completing this form, the SEND & Portage Early Years Specialist Service may need to discuss my child’s needs with relevant professionals in services for children (e.g. Speech and Language Therapist, Hospital consultants, Early Years Advisory Teachers, Health Visitors etc.) **(Parent to tick)**  |  |

**Parent or Guardian Name:**

**Parent or Guardian Signature:**

**If unsigned, is verbal consent given?**

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| **Privacy Notice**Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.The council may also share personal information for the purposes of the prevention, investigation, detection or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above. **More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available online (**[**http://www.southampton.gov.uk/privacy**](http://www.southampton.gov.uk/privacy)**), or on request.**  |

**GP (Name and Address):**

**Health Visitor (Name and Contact Details):**

**Other Professionals Involved eg Physio, Speech & Language Therapist, Social Worker:**

**Early Years Provision (such as setting attended and total hours per week attended):**

**Reason for Referral including any diagnosis. (Please use extra pages if needed and attach reports if available):**

**Other information: (family background, interpreter needed, or anything else)**

**Name of Person Making Referral: Position Held:**

**Address During the Day:**

**Telephone No: Signature:**