

Referral for 0-19 Integrated Early Help & Prevention Parenting, Training & Community Learning Courses**Please complete and return form to the named course contact as per training brochure/Leaflet**

Parents Name		Date of Birth	
Address		Tel Number	
		Parents Email Address	
Child's Name		Child's Date Of Birth	
Referral By		Agency	
		Email: Address	
Date completed		Tel Number	
Learning History - please provide highest level qualification achieved (i.e. Level 2/GCSE 5 A-C)			
Privacy Notice			
<p>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.</p> <p>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.</p> <p>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), or on request.</p>			
Briefly outline support required			
Parents Consent			
Course Interest	Please enter the details of the advertised course you are referring this parent/family too.		

Course Name:	Course Start Date:
Course Venue:	Course Start Time:

Do you require crèche places? Please provide details.			
Child's name	Date of birth		
Child's name	Date of birth		
Courses will be provided with crèche where possible.			
PLEASE NOTE: Filling in this form will <u>NOT</u> guarantee a place on this course, a member of the team will contact you and the learner to confirm their place prior to the start of the course.			
Additional needs / alerts / access requirements			
FOR EARLY HELP HUB COMPLETION ONLY	Date received		Decision (Y/N)
Name of person receiving referral			
Course booked on			
Course details			
Informed referrer /allocated social worker or family engagement worker (Y/N & date)			
Summary of course outcome monitoring - evaluation / attendance / level of engagement / etc.			