Lewisham Children and Family Centres run a range of programmes to support children of all ages and their families across the borough of Lewisham. Please complete this request form if you wish to access any of our support services and send to our secure email**:** [**Lewisham.Secure@eyalliance.org.uk**](mailto:Lewisham.Secure@eyalliance.org.uk)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: REQUIRED INFORMATION** | | | | | | | | | | |
| **FAMILY DETAILS** | | | | | | | | | | |
|  | FIRST NAME | SURNAME | M/F | RELATION TO CHILD | DOB | SCHOOL | CPP  CIN? | ETHNICITY | RELIGION | NHS NO. |
| PARENT/ CARER |  |  |  |  |  |  |  |  |  |  |
| PARENT/ CARER |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| CHILD |  |  |  |  |  |  |  |  |  |  |
| **ANY OTHER SIGNIFICANT MEMBERS OF THE HOUSEHOLD OR FAMILY** | | | | | | | | | | |
| NAME |  | | | RELATIONSHIP TO FAMILY | |  | | | | |

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| --- | --- | --- |
| **ADDRESS and POSTCODE** | **TEL / MOBILE** | **E-MAIL** |
|  |  |  |

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| **SECTION B: REFERRAL DETAILS** |
| **What are the current worries for you with your child/children?** |
|  |
| **Can you tell us what support you think you need or what you hope we may be able to help you with?** |
|  |
| **Have you had any other support with your child/family? (what support service was this?) Did it help?** |
|  |
| **Have you or your children experienced or witnessed any harmful behaviour previously or currently? If yes, please can you tell us if you or the child/children had any support with this?** |
|  |
| **Do any of the family members have a special need, physical disability or mental health needs? If yes, please detail below:** |
|  |

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| --- | --- | --- | --- |
| **PROFESSIONALS CURRENTLY WORKING WITH YOUR FAMILY** | | | |
| GP NAME/SURGERY |  | TEL NO. |  |
| HEALTH VISITOR NAME |  | TEL NO. |  |
| SOCIAL WORKER NAME |  | TEL NO. |  |
| OTHER AGENCY NAME |  | TEL NO. |  |

Your data is stored on a secure database controlled by the London Borough of Lewisham for the purposes of monitoring, evaluation and for the provision of Lewisham Children and Young People’s Partnership services, without consent no service can be provided.

Your personal data and contact details will not be shared with any other third party or organisation but may be shared with other Children and Family Centres, and other partnership organisations.

You have the following rights regarding your personal data:

* The right to withdraw consent at any time
* The right to request your personal data is deleted
* The right to access to your personal data

For more information regarding the use of your personal data please see [www.lewishamcfc.org.uk](http://www.lewishamcfc.org.uk) or make a request to: [Lewisham.Secure@pre-school.org.uk](mailto:Lewisham.Secure@pre-school.org.uk) or Pre-school learning alliance- Lewisham, Camelot family learning centre, 50 Meliot Road, London, SE6 1RY and a copy of the policy will be sent to you.

**CONSENT: PLEASE TICK AS APPROPRIATE AND SIGN AND DATE TO CONFIRM REGISTRATION**

 I understand that by providing my consent I am confirming I understand how and why my personal data is used and give permission for Lewisham Children and Family Centres to store and update my personal details.

 I am a parent/legal guardian of a child/children under the age 16 and give consent for Lewisham and Children Family Centres to store and use my child/children’s personal data for the purposes of the service.

 I currently live in the London Borough of Greenwich but wish to access Lewisham Children and Family Centres and give consent to my information being shared with my residing borough.

 I give permission to Lewisham Children and Family Centres and any relevant partner organisation to contact me regarding services available and my access to them by:

 Telephone (including text messages)

 Email

 Post

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| **SECTION C: FAIR PROCESSING AND CONSENT FORM** | | |
| Here at Lewisham Children and Family Centres we take your privacy very seriously with your consent we will process, retain and store your personal data on behalf of the London Borough of Lewisham in line with the General Data Protection Regulation (GDPR) (EU) 2016/679.  Your personal data and contact details will not be shared with any other third party or organisation but may be shared with other Children and Family Centres, and other partnership organisations.  You have the following rights regarding your personal data:   * The right to withdraw consent at any time * The right to request your personal data is deleted * The right to access to your personal data   For more information regarding the use of your personal data please see [www.lewishamcfc.org.uk](http://www.lewishamcfc.org.uk) or make a request to: [Lewisham.Secure@pre-school.org.uk](mailto:Lewisham.Secure@pre-school.org.uk) or Pre-school Learning Alliance, Camelot Centre, 50 Meliot Road, London, SE6 1RY and a copy of the policy will be sent to you.  **CONSENT: PLEASE TICK AS APPROPRIATE**  I understand that by providing my consent I am confirming I understand how and why my personal data is used and give permission for Lewisham Children and Family Centres to store and update my personal details.  I am a parent/legal guardian of a child/children under the age 16 and give consent for Lewisham and Children Family Centres to store and use my child/children’s personal data for the purposes of the service.  I give permission to Lewisham Children and Family Centres and any relevant partner organisation to contact me regarding services available and my access to them by:  Telephone (including text messages)  Email  Post | | |
| **PLEASE CONFIRM THAT YOU HAVE GIVEN VERBAL CONSENT FOR THIS REFERRAL**  ***NOTE: A REFERRAL WILL NOT BE ACCEPTED WITHOUT EITHER WRITTEN OR VERBAL PARENTAL CONSENT*** | | |
| * VERBAL CONSENT HAS BEEN GIVEN *(please put tick or cross in box)* | DATE CONSENT GIVEN |  |

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| ***LEWISHAM CHILDREN & FAMILY CENTRES FAMILY SUPPORT OFFICE USE ONLY:*** | | | |
| *Date Referral Received* |  | *Date Referral Allocated* |  |
| *Centre / Worker allocated to family* |  | | |
| *TF Criteria* |  | | |
| *NOTES*  *(e.g. contact with referrer before allocation)* |  | | |