

**Details of child:**

**Name:**

**DOB:**

**School:**

**Year Group:**

**Time To Be Me Project**

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| **Parent/Carer Details:** | **Address:** | **Contact Details:** |
| Name: |  | Landline:  Mobile:  Email: |
| Relationship to child: |
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| Name: |  | Landline:  Mobile:  Email: |
| Relationship to child: |

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| --- | --- | --- |
| **Other significant family members and relationship to the child:** | **Child’s lead professional (please include name and email of child’s class teacher):** | **Any other agencies involved (please include name of professional and contact details for their organisation if known):** |
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| **SEND and Safeguarding Status (please tick):** | | **What are the reasons for concern?** (How have these needs been identified and by whom) |
| Early Help |  |
| Child in Need |  |
| Child Protection Plan |  |
| EHCP |  |
| Pupil Premium |  |
| Looked After Child |  |
| SEND |  |
| Other (please specify): | |

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| **What is working well in the child’s life?** | **What are the expected outcomes from the sessions?** (e.g. Child X will have strategies to deal with anger and will have fewer outbursts in school) |
| **Service Requested: TIME TO BE ME**  **Lead Professional/Action Taken (Howgill Use Only):** | |

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| **Initial Risk Assessment:** |
| Are you aware of any risks that we need to be aware of, either to our staff or to the child and their family?  Yes  No  Not Aware |
| **Parent/Carers Consent and Agreement** |
| Please confirm you give consent to this referral and that you give consent for Howgill Family Centre to store your child’s details on Upshot. **Only Time to be Me staff and senior employees within Howgill Family Centre will have access.** By signing, you give Time to be Me staff permission to send you emails and surveys via the Upshot system.  Parent/Carer Signature: …………………………………………  Date: …………………………………………  Staff taking a referral over the telephone **must** ensure parents are aware of these permissions and sign the form to confirm that the parents/carers are aware and are in agreement with this referral.  Staff Signature: …………………………………………  Date: ………………………………………… |