**STRATFORD DISTRICT CHILDREN AND FAMILY CENTRES**

**REQUEST FOR SERVICES FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Full Name |  | | | |
| Male/Female |  | Date of Birth | |  |
| Parent/Carer Name |  | | | |
| Relationship to Child |  | | | |
| Address |  | | | |
| Email |  | | | |
| Post Code |  | Contact Number | |  |
| Preferred Languages |  | | | |
| **Request made by:** | | | | |
| **Referral by Service User** | Yes / No | | If no, please complete details below | |
| **Agency** | **Name** | | **Contact Number** | |
| **Barnardos** |  | |  | |
| **WCC / Family Support** |  | |  | |
| **Health Visitor** |  | |  | |
| **Midwife** |  | |  | |
| **Family Information Service** |  | |  | |
| **Citizens Advice Bureau** |  | |  | |
| **Other** |  | |  | |
| **Parental Consent Obtained**  **(Please note: Requests cannot be processed without consent.)** | Yes  Parent/ Carer signature: Date:  (Note if verbal consent only): | | | |
| **Date of Request** |  | | | |

**Please turn over**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE/SUPPORT REQUESTED – PLEASE TICK AS APPROPRIATE** | | | | | | | | |
| **Baby Massage Course – Virtual or face to face group**  A 4 week course working with parents to support them to build positive attachments with their baby and provide guidance on activities they can do with their baby which support baby’s development. | | | | | | | |  |
| **Chatter Matters (babies and Toddlers) – Virtual or face to face group**  Through lots of fun activities (including story-telling, rhymes and targeted activities) these sessions/activities help to develop social interaction, communication, and attention and listening skills to enhance your child’s speech and language development. | | | | | | | |  |
| **Bookstart – face to face group**  A 4 week course aimed at children aged between one and two years. Each week covers a different theme – Songs and Rhymes – Sharing Books Together – Routines – Mark Making. Videos and activities share ideas for things to do together with the resources in the pack, and how to build these interactions into daily routines. | | | | | | | |  |
| **Baby Time – face to face group**  Relax, play and socialise with your baby in a friendly, informal environment suitable for families with babies birth to walking | | | | | | | |  |
| **Toddler Time - face to face group**  Toddler time group with the focus on outdoor play including, Paint and Print, Sound and Music, Messy Play and Malleable Play. These sessions/activities help to develop social interaction, communication, and attention and listening skills to enhance children’s speech and language. Support can also be provided on a range of topics i.e. physical development, play and routines. | | | | | | | |  |
| **Activities for Children under 5 years.**  We provide a range of virtual activity sessions and information, please visit our Facebook page: @stratfordchildrenscentres | | | | | | | | |
| **\*Information About:** - Signposting to other services e.g. Advice re Finance, Benefits, or Debt, Speech and Language, and Activities or Support for Children over 5 years. | | | | | | | |  |
| **Save a Baby and Save a Toddler – These waiting lists are currently closed.** | | | | | | | |  |
| **Please Note: Requests for Parenting Courses or Family Support should be directed to the Family Information Service on 01926 742274 or via their website:** [**https://www.warwickshire.gov.uk/fis**](https://www.warwickshire.gov.uk/fis) | | | | | | | | |
| **\*Other** **Support:** please briefly explain: | | |  | | | | | |
| **Reason for Request/ Relevant Family Circumstances** | | | | | | | | |
|  | | | | | | | | |
| **DO YOU HAVE ACCESS TO:** | | | | | | | | |
| **An e-mail account** | |  | | | **PC/Laptop/Tablet** | |  | |
| **Facebook** | |  | | | **Smartphone** | |  | |
| **Whatsapp** | |  | | |  | |  | |
| **A member of our team will be in contact to discuss your request in more detail shortly** | | | | | | | | |
| **To be completed by Children & Family Centre** | | | | | | | | |
| **Family Registered** | Yes  No | | | **If No, Form provided (date)** | |  | | |
| **Form created on Synergy** |  | | | **File attached on Synergy** | |  | | |
| **Added to waiting list(s) (where appropriate)** | | | |  | | | | |

Please return to:

Stratford – [susan.proctor@barnardos.org.uk](mailto:susan.proctor@barnardos.org.uk)

Alcester – [angela.jeffrey2@barnardos.org.uk](mailto:angela.jeffrey2@barnardos.org.uk)

Lighthorne – [sara.phillips@barnardos.org.uk](mailto:sara.phillips@barnardos.org.uk)