



Referral into Early Years Inclusion Team

Introduction

Before you start this referral into the Early Years Inclusion Team, please ensure the criteria below is fulfilled and evident within the information on this form and within the attachments you provide.

If your concern is focused on hearing or vision needs, please do not complete this form until you have telephoned the Bromley Sensory Support Service - 01689 889 850 (Hearing) / 01689 889 856 (Vision) to clarify if it is appropriate to access these services.

Once completed please send to:
Data & Panels Manager,
Early Years Inclusion Team,
Phoenix CRC,
40 Masons Hill,
Bromley BR2 9JG

Consent and General Data Protection Regulations 2018 (GDPR)

The information on your child is provided/gathered in accordance with the Data Protection Act 2018 (DPA) and the General Data Protection Regulations 2018 (GDPR).

You may receive services from a number of people. So that we can all work together for your child's benefit, we may need to share information.

We only ever use or pass on necessary information if and when professionals have a genuine need for it. Law strictly controls the sharing of sensitive personal information. Anyone who receives information from us is also under a legal duty to keep it confidential. All data are stored on a secure database. Relevant information shared will remain confidential through observance of the DPA (2018) and GDPR (2018).

The legal basis for processing your data is set out in Article 6 of the GDPR:

To make the initial referral

- (a) Your consent for one or more specific purpose

For necessary information processing and sharing to provide you with services

- (c) Compliance with the council's legal obligations;
- (e) Carrying out a task in the public interest or in the exercise of official authority.

Our legal basis is underpinned by Special Educational Needs and Disability Act 2001



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This statement should be read in conjunction with the Education Privacy Notice found on London Borough of Bromley, Local offer pages.

Ticking the boxes below confirms your consent to the above statements.

Parent/carer consents to the notification/referral and permission for the London Borough of Bromley SEN Outreach Teams

Yes

Parent/carer consents to the notification/referral and permission for the London Borough of Bromley SEN Outreach Teams to share information confidentially with appropriate education, health and social care professionals in order to support my child.

Yes

Details about the child

Name

Date of birth

Gender

Male

Female

Address

Post code

Is the child attending an Early Years Setting/childminder?

Yes

No

Not Applicable

Date started with Early Years setting/childminder

Number of sessions/days

Details of Early Years setting/childminder



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Name

Address

Post code

Likely mainstream school name

Likely mainstream school start date

Details about the family

Full Names of parents / carers

Title	Forename	Surname	Relationship to child

Home/Mobile telephone number

Work telephone number

Email address

Family's first language

Family's ethnicity

Is help required in interpreting and/or reading any information?



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Yes No

Siblings

Forename	Surname	Age	Relationship to child

Referral Details

Please confirm you have checked the referral criteria and that this has been met

Yes No

Please confirm you have attached the SEN Support Plan which has been shared and agreed with parents/carers

Yes No

Please confirm you have attached other reports/observations you have completed outside of the SEN Support Plan that will support this application form which has been shared and agreed with parents /carers.

Yes No

Please confirm you have attached any other medical reports which parents/carers have agreed.

Yes No

Name of referral organisation

Name of referrer

Position

Telephone number

Email

Organisations address

Post code	

Social Care Information

Is this child a 'Child Looked After'? (CLA, e.g., foster care)

Yes No

Is this child subject to a Child Protection Plan?

Yes No

Is this child subject to a Child in Need Plan?

Yes No

Does this child have a Early Help Assessment (formerly CAF)?

Yes No

Is this child a Previously Looked After Child (PLAC e.g., adopted/special guardianship)?

Yes No

Are there any specific domestic circumstances that should be made known to Bromley Early Years Inclusion Team including alternative correspondence address if required?

Yes No Not Applicable

Details of specific domestic circumstances

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