**Learning Together Referral Form**

Please fill out the form below with as much detail as possible and return with the HLE Checklist securely (via egress) to flyingstart@eyalliance.org.uk

*Please note- Flying Start is committed to protecting privacy. We will use a family’s information to help us to support them through our services. Their information will be processed in a manner that is compliant with the Data Protection Act 2018. For information about how we store data and to view our Privacy Notice please visit our Website* *Page:* [*https://www.flyingstartluton.com/policies/*](https://www.flyingstartluton.com/policies/)

Does the parent give permission for us to store the details provided below and contact them for our services? *(If not, we will not be able to contact)* Yes [ ]  No [ ]

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| **REFERRER DETAILS** |
| **Your Name: Your Role/Organisation:****Your Contact Email Address: Your Contact Phone Number:**  |
| **Parent/Carer 1 Details**(Person with parental responsibility) | **Parent/Carer 2 Details\* [OPTIONAL]**(Person with parental responsibility)  |
| **Mr / Mrs / Ms / Miss / Other:** | **Mr / Mrs / Ms / Miss / Other:** |
| **First Name/s:****Last Name:** | **Date of Birth:** | **First Name/s:****Last Name:** | **Date of Birth:** |
| **Address Details** (Number, Street, Town, Postcode) | **Address Details**  |
|  |  |
| **Email address**  | **Email address**  |
|  |  |
| **Contact Phone Number** | **Contact Phone Number** |
|  |  |
| **Other Emergency Contact Name/Number\*:**  |  |
| **Ethnicity** | **Ethnicity** |
|  |  |
| **Level of English spoken / Other languages** | **Level of English spoken / Other languages** |
| Fluent [ ]  Basic [ ]  None [ ]  Main language if not English:Is an interpreter required? | Fluent [ ]  Basic [ ]  None [ ]  Main language if not English:Is an interpreter required? |
| **Pregnant?** If yes, enter estimated due date here:  |  |
| **Children** (living at same address) |
| **Name:**  | **Date of Birth:**  |  **M / F** |
| **Name:**  | **Date of Birth:** |  **M / F** |
| **Name:**  | **Date of Birth:** |  **M / F** |
| **Name:**  | **Date of Birth:**  |  **M / F** |
| If any child goes to a **nursery/school,** please state where here: |  |
| **Are they working with any other agencies?** (e.g. Social Care, Family Partnership Service, Edwin Lobo or Health Visiting) |  |
| **Please put any other additional information you feel would be useful here** (e.g. Allergies, Disability/Access issues): |  |
| **Please use the box below to let us know why you are referring for Learning Together.**  |
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