

RHONDDA CYNON TAF Access and Inclusion Service	 RHONDDA CYNON TAF
Early Years Forum Referral July 2021	

Please Note: Failure to complete relevant sections of the application and lack of supporting evidence may result in the application being returned for completion. Return to A&IServices@rctcbc.gov.uk

The purpose of this form is to gain consent where appropriate and to provide Access & Inclusion information on the graduated response given to the child by the referrer regarding their additional learning needs in order to access additional advice, guidance and/or training as appropriate.

How we use your personal information

In line with the Council's legal duty, and where applicable, data protection consent, the information on this form, any additional information attached and any data produced as a result of this involvement (e.g. a report) will be used by the Early Years Forum to determine the nature of any work undertaken by the relevant professionals. If appropriate, this process may involve sharing sensitive information about your child with external specialists e.g. health professionals. Educational Psychology Service.

To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here www.rctcbc.gov.uk/serviceprivacynotice and the Councils data protection pages here www.rctcbc.gov.uk/dataprotection.

The child **must** be:

- Aged between birth to five years
- Not attending a maintained school setting
- Resident in RCT
- Incomplete referrals will be returned
- Written parental consent **must** be obtained to make the referral

Threshold for Referral:

- Evidence of significant, complex, persistent and lifelong needs.
- Evidence of 2 or more compelling developmental needs and evidence of a robust graduated response
- A barrier to access play opportunities/learning significantly different to that of their peers which cannot be overcome through reasonable adjustments

1. Child's Details

Name of Child:		Date of Birth:	
Address:			
Flying Start Area:	Yes / No	Gender:	

2. Parent/Carer's Details

Name and Date of Birth of Parent	Gender of Parent/Carer	Relationship to Child	Parental Responsibility? YES / NO	Email address / Phone Number
			YES / NO	
			YES / NO	

Is the child cared for by any other person other than the parent/s?	YES / NO
If YES please provide further details e.g. carer's contact details, CLA etc	

3. Languages

Language/s spoken by parents/carers:			
Language/s spoken by child at home:			
Does the family need an interpreter?	YES / NO	Specify Language:	
Do you wish to receive further correspondence in Welsh?		Written: YES / NO	Verbal: YES / NO

4. Referrer's Details

Name of Referrer:	
Designation:	
Email address:	

5. Setting Details (if attending a setting)

Name of Setting:			
Type of Setting:			
Number of sessions attending		Days attending (PM/AM):	

Has the child applied for/been awarded a school place in RCT?	YES / NO
School Name:	

6. Developmental Needs

Please tick areas of development for discussion: please rank in order from 1 - 3			
Cognition & Learning	Communication & Interaction	Behaviour, Emotional & Social Development	Physical, Sensory & Medical

7. Referrer Views

Summary of child's condition, current situation, strengths and challenges
Specific reasons for referral/questions to be discussed at Early Years Forum:

8. Parent /Carer Views:

What are parent/Carer's views and desired outcomes from this referral?

9. Professional/Services involved

Please indicate and attach details of any outside agencies involved with child: R – Referred I - Involved			
CDT	R / I	Educational Psychology Service	R / I
Speech and Language	R / I	Physiotherapy	R / I
Enhanced Play Service	R / I	Occupational Therapy	R / I
Resilient Families	R / I	Children's Services	R / I
Paediatrician	R / I	VI Team	R / I
Learner Support Services	R / I	NDT	R / I
HI Team	R / I	Other (please specify below)	
Flying Start	R / I		
(Please include contact details here)			

Is the child on the child protection register?	YES / NO	Date of Registration:	
If YES, under what category?			

Does the child have an Individual Health Care plan (IHCP)?	YES / NO
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10. Evidence

Please list the evidence to support this referral in notifying the Local Authority the child may have Additional Learning Needs and the primary area of the ALN (e.g. SoGs, Wellcomm, clinic letter, health report, treatment plan, observations and screening baseline data, About Me, Four Plus One, specialist teacher reports etc)

11. Declarations

Referrer:

- I confirm that the information contained in this form (and any additional information attached) is accurate.
- I have made the parent/guardian aware of:
 - how the personal data will be used to identify additional support if appropriate.
 - how they can access their information rights and further information via the Data Protection pages of the Council's website.
 - what a S64 notification is (where appropriate)

Is this an S64 Health notification?	Yes		No	
Referrer name:		Referrer signature:		
Organisation:				
Date:		Additional notes:		

Parent / guardian

Please tick below ✓

Yes	No	
		I consent to my child being referred to the Early Years Forum to discuss his/her potential additional learning needs.
		I consent to my child's information being used to process the referral
		I consent to my child's information being referred to relevant professionals/services including Educational Psychology Service (if appropriate) in order to receive further advice, guidance and where applicable support
		I consent to receiving all communication via the email address provided in section 2

Please advise the Service if you would like your correspondence in Welsh or English

Parent / guardian name:		Parent / guardian signature:	
Phone:		Email:	
Date:		Additional notes:	

