Request for Service



Parent/carers name:Date of Birth		
Contact telephone numbers:		
(home)	(mob)	
Children's Names	Date of Birth	Playgroup/nursery/school
1 st Language Spoken		
GP:	Te	el:
Address:		
Health visitor:		
Other agencies involved:		
Details of relevant medical condition	ns/special needs:	



Reason for referral	services required	Sure
* See booklet for ch	noices *	
Name of referrer:		
Position:		
Address:		
Tel No:		
Signed:		
<u>Date</u> :		
Family aware of re	eferral Yes/No	
Signature of Pare	nt/carer	
	For Office Use Only:	
Date recei	ved:	
Date of fir	st visit:	
Service of	fered:	
Ward Are	a:	
Exsisting	user of Sure Start Play: YI	ES/NO

Guidelines

Who

Any family who has a child/ren aged 0-3 years and lives in the following areas:

- The Mount
- Woodstock
- Cregagh
- Ballymacarrett
- Island
- Bloomfield (SOA1)
- Ballybeen Housing Estate
- Tullycarnet

What

Sure Start provides universal services for all families living in disadvantaged areas. There will be close liaison between the referral agent and Sure Start throughout the intervention to ensure the appropriate action has been taken and families have benefited form their involvement with Sure Start.

<u>How</u>

Families will be contacted to discuss their wishes and depending on the service required, a home visit will be arranged to discuss the referral in more detail.

A letter of acknowledgement will be sent to the referral agent within 10 working days.

Where

Please forward referral forms to:

East Belfast Sure Start
The Network Centre
55 Templemore Avenue
Belfast

Deliasi

BT5 4FP

Email: admin@surestarteast.org.uk

Tel: 02890735686

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