

ONDON BOROUGH Referral into Early Years Inclusion Team

Introduction

Before you start this referral into 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 competed please send to: Data & Panels Manager, Early Years Inclusion Team, Phoenix CRC, 40 Masons Hill, Bromley BR2 9JG

Criteria

- The child must be significantly delayed in two or more of the prime areas in the Early Years Foundation Stage (EYFS).
- We require one reviewed cycle of assess, plan, do, review as part of the graduated response approach recorded within your setting SEN Support Plan or record. Unless there are exceptional circumstances which prevent this and that you have discussed first with your Area SENCo

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

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	
SEN Support Plan/Evidence Checklist		
Please tick to indicate that your evidence includes ALL of the following inforthat we require. You <u>must</u> complete all sections in order for us to accept the		
Parents'/carers' views	Yes	
Details of professionals involved	Yes	
Details of professionals involved Dates of professionals involved	Yes Yes	
	[]	



Baseline Assessmer Matters, or equivaler	nt and Progress Tracker e.g., Birth to Five nt information	Yes
Details about tl	he child	
Name		
Date of birth		
Gender	Male Female	
Address		
	Post code	
Is the child attending Yes No	g an Early Years Setting/childminder? Not Applicable	
Date started with Ea	rly Years setting/childminder /	/
Number of sessions	/days	
Details of Early Year	rs setting/childminder	
Name		
Address		
	Post code	



Likely ı	mainstream school	name			
Likely mainstream school start date		start date			1 1
Detai	s about the fa	amily			
Full Na	mes of parents / c	arers		ſ	
Title	Forename	8	Surname		Relationship to child
Home/	Mobile telephone n	umber			
Work to	elephone number				
Email a	address				
Family	's first language				
Family's ethnicity					
Is help	required in interpre	eting and/o	or reading any inf	ormation	?
Yes		9	3 . ,		
Sibling	s				
Forena		Surname	;	Age	Relationship to child
				J -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,





Referral Details

Please confirm you have checked	ed the referral criteria and that this has been met
Yes No	
Please confirm you have attached and agreed with parents/carers Yes No	ed the SEN Support Plan which has been shared
•	ed other reports/observations you have completed that will support this application form which has rents /carers.
Please confirm you have attached have agreed. Yes No	ed any other medical reports which parents/carers
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				

