

# Holiday Childcare Scheme

| Referral Form |
| --- |
| **Person completing form** Click here to enter text. | **Date** Click here to enter a date. |
| **Child’s full name:** Click here to enter text. | **Child’s DOB:** Click here to enter a date. |
| **Name of child’s school** (we may also contact the child’s school to ask for further information) Click here to enter text. |
| **Does the child have a** **Statement of Special Educational Needs or EHCP**?  | Choose an item. |
| **If Yes, please state the nature of needs (e.g. Behaviour, Speech and Language, Autism etc.)** Click here to enter text. |
| **Reason for referral** (please provide us with any information relating to the child’s background or family issues that we should be aware of) Click here to enter text. |
| **Linked agencies involved**  | Click here to enter text. |
| **Comments (please include contact name, telephone number and email address if possible)** | Click here to enter text. |
| **Staff skills/ experience required. Please state if any specialist training is required to meet the child’s needs:** Click here to enter text. |
| **Level of supervision required** (in your opinion) Choose an item. |
| **Any other comments** |
| Please share any other information that would support the child to have the best experience at the holiday scheme, e.g. what do they like, what helps them settle etc.Click here to enter text. |
| **Payment information**: Choose an item. |
| **Name, telephone number, department and full address of Social worker & Team Manager** (Where inter-department charge will be sent if applicable)Click here to enter text. |
| Department Full Cost Code *(15 digit number):*  |
| ***Schools will be charged via the school portal, account held by school head teacher and school bursar.***  |

**Please note: completion of this form will be taken as confirmation that you have gained authorisation for any funding that is required for this referral. As per our policies and procedures you are paying for a booking and not attendance.**

Please return this form to:

Holiday Childcare Service, Parents’ Advice Centre, 30 Greatorex Street, Whitechapel, London, E1 5NP

Telephone: 0207 364 0523 Email: holiday.childcare@towerhamlets.gov.uk

**Children referred by social care will be considered following completion of this form no later than 2 weeks prior to each scheme.**