



Assisted Places for Preschool and Day Nursery Referral Form

Personal Details

Name of child:		Date of Birth:	
Name of Parent/Carer:			
Address and contact telephone number of Parent/Carer:			
Email Address:			

Family

Family composition:
Family income:

Reason for Referral

Please provide as much detail as you feel able to help with the decision making process:

Preferred Choice of Provision

Please indicate the preferred Parish or specific Preschool/Day Nursery you would like to attend:				
Please indicate your preferred days and hours you would like to attend:				
Mon	Tues	Wed	Thurs	Fri

(Please note that we may not be able to place the child in the chosen provision, but will try and offer a suitable alternative if you are eligible for a free childcare place)



Referrer

Name of professional referring:			
Contact Number:		Email address:	
Please give names and contact details as appropriate of the following:			
Child's Health Visitor:			
Child's Social Worker:			
Other professionals working with the child and/or family:			

Please note all sections of this form MUST be fully completed and signed or it will be returned to the referrer which will delay the referral process.

I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn. I understand that any information provided as part of the referral will be used to administer the referral and I consent for it to be shared with the relevant childcare provider(s), Educational Psychologist(s) and any other professionals deemed necessary to ensure the child's educational and care needs are met.

Signed

Parent/Main Carer's Name:	
Signature:	
Date:	

**Please complete this form in full and return to the following address:
Bright Beginnings Children's Centre, Rue des Monts, St Sampsons, Guernsey,
GY2 4HS**

Alternatively please email a copy to office@brightbeginnings.gg

Criteria for Referrals

Children are eligible if the child and/or family meet two or more of the following criteria (please tick relevant boxes):

1) Families are on a low income or in receipt of supplementary benefits	
2) The child is on a Child Protection Plan	
3) There are parental illness/disability: alcohol or drug misuse, acutely ill, disabled, or severe mental health issues	
4) The family is in acute stress: In temporary accommodation, unsupported single parent	
5) There are family dysfunction: domestic violence, inconsistent parenting, family breakdown	
6) Children have significant delay in their prime areas of learning (physical development, personal, social and emotional development and communication and language development)	
7) The parent/carer in prison	
8) Concerns around dental decay and oral hygiene	