Bradford Portage Service Referral Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Childs information** | | | | | |
| Childs full name |  | | | DOB |  |
| Address including postcode |  | | | | |
| Parent/carers names |  | | | | |
| Contact Email |  | | | | |
| Contact Telephone: |  | | | | |
| Preferred language | Interpreter needed Yes/No | | | | |
| Looked after child | Yes/No | EA1 received | Yes/No | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professionals involved** | | | | | |
| Paediatrician |  | | Early Help | |  |
| Physiotherapy |  | | Social worker | |  |
| Speech and Language Therapist |  | | Setting/keyworker | |  |
| Health Visitor |  | | Other | |  |
| **Information about child’s additional needs** | | | | | |
|  | | | | | |
| **Referrers details** | | | | | |
| Name |  | Role | |  | |
| Address |  | Contact number | |  | |
| Date of referral |  | Parent/carer  consent | | Signature:  Verbal consent given | |
| Office use only. Date received Capita Waiting list Letter Scan | | | | | |

Please return the completed form securely to:

Email: [Portage.team@bradford.gov.uk](mailto:Portage.team@bradford.gov.uk)

Post: Bradford Portage Service, 5th Floor, Margaret McMillan Tower, Princes Way, Bradford, BD1 1NN

General Data Protection Regulations (GDPR) - <https://www.bradford.gov.uk/privacy-notice/>