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**REFERRALS**

**Reasons to complete this form:**

1. **If child(ren) are not FSM eligible and deemed vulnerable, please complete this form and return to the HAF team** [**haf@portsmouthcc.gov.uk**](mailto:haf@portsmouthcc.gov.uk)
2. **If child(ren) are FSM eligible and attending HAF Fun Pompey with additional needs, please complete this form and send it directly to the HAF provider.** You can find provider contact details under 'How to Book' on the What's On listings.

Please go to [www.pycportsmouth.co.uk/haffunpompey](http://www.pycportsmouth.co.uk/haffunpompey) to see more details of what is available. We are welcoming referrals from schools, agencies and services to support those families who are most in need and/or have potential barriers to accessing this type of provision. The majority of participants must be eligible for free school meals; however, we have 15% of our expenditure we can allocate to those deemed vulnerable. We will endeavour to support all applications; however, we cannot guarantee spaces. Please provide as many dates and/or proposed activity options as possible so we have a better chance of finding a match!

Please note if participants are matched to a project, then they will have to be booked on via the providers booking system. We will support this where we can.

* If the **family are FSM eligible and do not have additional needs, then you DO NOT NEED TO COMPLETE THIS FORM because the family/you can book directly with the provider**. Go to [www.pycportsmouth.co.uk/haffunpompey](http://www.pycportsmouth.co.uk/haffunpompey) Go to the interactive map to find provision near the family or check the listings under the participant's age. Don’t forget to check out ‘HAF Family Fun’ as the whole family can go along.

We are working closely with our providers to ensure they are equipped to support SEND and to make sure their capacity is clearly advertised. Go to [www.pycportsmouth.co.uk/haffunpompey](http://www.pycportsmouth.co.uk/haffunpompey) and ‘SEND SUPPORT’. There is also a SEND SUPPORT section in each provider ‘What’s On’ listing. If you are still unsure, please contact us at [haf@portsmouthcc.gov.uk](mailto:haf@portsmouthcc.gov.uk)

**It is imperative that providers are given as much information in advance as possible to appropriately support the family.**

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| --- | --- | --- | --- | --- |
| **HAF Fun Pompey Winter 2021 Referral Form** | | | | |
| Before completing this form, please ensure you have appropriate consent to share this information and data with the HAF team and HAF providers. | | | | |
| Child name |  | | | |
| Family contact name |  | | | |
| Family contact number |  | | | |
| Family contact email |  | | | |
| Child Age |  | | | |
| School/college attended |  | | | |
| Eligible for benefits related free school meals? | **🞎** Yes, the family can book directly with the provider via [www.pycportsmouth.co.uk/haffunpompey](http://www.pycportsmouth.co.uk/haffunpompey) Go to the interactive map to find provision near the family or check the listings under the participant's age group. There is no need to complete this form.  **🞎** Yes, but has additional needs: please complete this form and send directly to the provider to inform them of any additional needs. You can find provider contact details under 'How to Book' on the What's On listings.  🞎 No **-** Please complete this form and send to the HAF team at [haf@portsmouthcc.gov.uk](mailto:haf@portsmouthcc.gov.uk) Non-FSM referrals must be signed off by the HAF team before booking onto any provision. | | | |
| Additional Needs |  | | | |
| Support Required |  | | | |
| Transport Required | *If yes, we are working with the bus companies to create a HAF Family Day pass. If this is not suitable then transport will have to be funded by other means. Please note what the requirements are and why; the HAF team can then evaluate further options.* | | | |
| Reason for Referral |  | | | |
| Activity Requested |  | | | |
| Preferred Date |  | Alternative dates |  |  |
| Dietary Requirements |  | | | |

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| --- | --- | --- | --- |
| **HAF Fun Pompey Winter 2021 Referee Details** | | | |
| Name of person making referral |  | | |
| Relationship to child i.e. social worker, teacher/SENCO etc. |  | Referee Contact details |  |
| Date referral completed |  | Preferred Referee Contact Tel/ Email etc. |  |

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| **HAF Team Actions** |
| *[to be completed by HAF project team]* |