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**2024 PROFESSIONAL SERVICE REFERRAL FORM**

**This referral form must be completed for a non-free school meal (FSM) family/child, living, or attending school in Portsmouth (PO1-PO6), to access free, funded spaces on the HAF Fun Pompey programme.**

HAF Fun Pompey welcome referrals from schools, agencies, and services to support those families who are most in need and/or have potential barriers to accessing holiday activities. Most participants must be eligible for benefits related free school meals; however, we can allocate 15% of our expenditure to non-FSM families and those deemed vulnerable.

We endeavour to support as many referrals as possible; however, we cannot guarantee spaces therefore some referrals may be declined and/or temporarily granted. SEND needs or LAC will be considered as part of the referral evaluation but do not guarantee a funded space.

**Please refer to the Non-FSM Referral Information Sheet for more guidance.**

**Please complete the referral form** **and send to the HAF team at** [**haf@portsmouthcc.gov.uk**](mailto:haf@portsmouthcc.gov.uk) **and note the deadlines below.**

**REFERRAL DEADLINES**

If the child was approved access to non-FSM spaces on the HAF programme in 2023, this access will remain for the duration of 2024. The family can book them directly on the programme [via Eequ](https://eequ.org/haffunpompey) as usual.

For any new referrals we are introducing deadlines to streamline the management of referrals, make access more equitable in line with the public launches and to assist with the difficult prioritisation exercise when approving or declining referrals.

EASTER

Referrals can be sent between 1-29 February. Any referrals sent after this window will not be accepted for Easter. Referral status will be confirmed by Monday 5 March in time for the public launch of the programme.

SUMMER

Referrals can be sent between 13 May - 10 June. Any referrals sent after this window will not be accepted for Summer. Referral status will be confirmed by end of June in time for the public launch of the programme.

WINTER

Referrals can be sent between 23 September - 18 October. Any referrals sent after this window will not be accepted for Winter. Referral status will be confirmed by end of October in time for the public launch of the programme.

**REFERRAL PRIORITIES**

As agreed by our steering group the following categories will be the top 3 priorities for access to non-FSM spaces:

1. Financially vulnerable families
2. Child Protection Plan
3. Trauma at home

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| **HAF Fun Pompey 2024 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.  **Please complete ALL fields otherwise we cannot process the referral** | |
| Date of referral |  |
| Child(ren) Name |  |
| Child(ren) Date of Birth |  |
| Portsmouth School attended |  |
| Family contact name |  |
| Family contact number |  |
| Family contact email |  |
| Family Postcode area |  |
| **Eligible for benefits related free school meals?** | **🞎** Yes, the family can book directly onto the programme via [**https://eequ.org/haffunpompey**](https://eequ.org/haffunpompey)(no need to complete this form)  🞎 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 |
| Child Protection Plan in place? | **🞎** Yes  🞎 No |
| Do you deem the family financially vulnerable? | **🞎** Yes  🞎 No  *This is key criteria for HAF non-FSM referrals* |
| Is there trauma experienced at home? | **🞎** Yes  🞎 No |
| Looked After Child  *(If funded by Virtual School limit of 2 days for winter)* | **🞎** Yes  🞎 No  LAC Local Authority: |
| Additional Needs | **🞎** Yes *(please complete row below)*  🞎 No |
| If yes, please provide details on their additional needs. |  |
| Do they have 1 to 1 support at school? |  |
| Support Required *including medical, emotional and/or practical support in getting to and from the venue(s)* |  |
| Reason for Referral  *Please note we cannot accept self-referrals; professionals must identify reasons for referral* |  |
| Have you discussed the activities with the family? | **🞎** Yes  🞎 No |
| What activities would the child/young person prefer? | *Please look at the activities and availability at* [*https://eequ.org/haffunpompey*](https://eequ.org/haffunpompey) |

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| **HAF Fun Pompey 2024 Referee Details** | | | |
| Name of person making referral |  | | |
| Relationship to child i.e., social worker, teacher/SENCO etc. |  | Preferred Referee Contact Tel |  |
| Date referral completed |  | Preferred Referee Contact Email |  |

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| **OFFICE USE ONLY** | | | | | |
| Has the referral been accepted?  🞎 Yes  🞎 No | Reason for decline if applicable: | Reviewed by: | Date: | Added to tracker:  🞎 Yes  🞎 No |

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| **What happens next?** |
| * If the referral has been received within the deadline the HAF team will assess your referral and inform you and the family of the decision (please include family details if you have permission). * If your referral is approved the HAF team will add each child to the eligibility list on the booking system, Eequ. * The family can then book directly onto the programme at [**https://eequ.org/haffunpompey**](https://eequ.org/haffunpompey)They will need to complete a full registration (this only needs completing once per child, you can then book onto multiple activities and the booking system will remember them each delivery season unless they are granted temporary access).   *Please note bookings cannot be guaranteed until the referral is processed and approved by the HAF team AND the provider has approved the booking.* |