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## Expression of Interest Sure Start Developmental Programme for 2-3 Year Olds

The Sure Start Developmental Programme for 2-3 Year Olds is one of a wide range of Programmes which Sure Start offers to families in your local area.

There are a limited number of places on the Programme, which will be offered to children and parents who can benefit most from participation in the Programme.

**Submission of this Expression of Interest is no guarantee of a place on the programme.**

The Sure Start Developmental Programme for 2-3 Year Olds runs from September 2021 – June 2022.

The programme will run **Monday – Wednesdays 9.15am – 11.45am**.

To be considered for the programme:

* Children must be a minimum of 2 years of age on 1st July of the intake year (born between 02/07/18 and 01/07/19).
* Children must live within the Sure Start area. (Old Warren, Knockmore, Tonagh, Hillhall depending on postcode.)
* The Family must be registered with the Sure Start Project prior to commencement of the

programme.

* Parents must commit to ensuring their child will attend on a regular basis (minimum of 80% attendance)
* Parents must agree to attend regular Stay and Play sessions (minimum 80% attendance) and accept home visits during the year, to discuss your child’s progress.

**NOTE:** All information provided will be treated in the strictest of confidence. In accordance with the General Data Protection Regulations 2018, Lisburn Sure Start is obliged to ensure that your information is accurate and up to date. We may use the information provided on this form to update your family details currently held on our secure database.

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| **Childs Details** | | | |
| Name | Date of Birth Male ~ Female | | Languages Spoken |
| **First Parent/Carer** | | **Second Parent/Carer (if applicable)** | |
| Name  D.O.B | | Name  D.O.B | |
| Address  Post Code:  e-mail address: | | Address  Post Code:  e-mail address: | |
| Phone Numbers  Home  Mobile | | Phone Numbers  Home  Mobile | |
| Languages Spoken | | Languages Spoken | |
| What do you hope you and your child will gain from taking part in this programme? | | | |
|  | | | |
| Does your child have a disability or developmental delay? If yes, is it  Queried Awaiting Diagnosis Has been Diagnosed  Details: | | | |
| Do you have any concerns or worries about your child’s health or development? Please provide details if Yes. | | | |
| Please tick if your child is supported by any of the following professionals:   * Consultant Paediatrician (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Speech and Language Therapy (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Behaviour Management (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Health Visitor (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Occupational Therapist (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Social Worker (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Physiotherapist (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Dietician (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   Do you give permission for us to discuss your child’s progress with the above named professionals?  (insert a )  YES NO | | | |
| Is your child known to Social Services? Yes No  If yes, which team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Social Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Information in relation to the IMMEDIATE Family** | | | |
| Does any family member living with the child have any Disability/Mental Health issues or addiction? Please provide details if Yes | | | |
| Details of other children in the family:  Child 1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 3: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 4: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 5 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 6: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

***Supporting Statement***

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| --- | --- |
| Supporting Statement (From Sure Start Team Member or other relevant Professional as detailed on page 2)  The programme is suited to all two years olds but in particular those children whose development may be compromised by social, emotional, environmental or physical factors. Please note when completing this statement the response needs to clearly demonstrate how the programme will meet the child’s needs. Please include as much information as possible in relation to the child’s development and how it may be compromised for example if a parent has a disability the statement must reflect how this affects the child and how the programme can be used to support the child. Parents must co-sign all information provided.  **NB: This section will not require completion by all families. A parent cannot complete this section.**  Please only use one sheet, parents must co-sign all information provided: | |
| Name of person providing statement: | Job Title: |
| Address:  Post Code: | Phone Number: |
| Statement : | |
| Signature of person providing Statement  Date | Signature of parent/carer  Date |
| Declaration by Parent/Carer (insert ) | |
| * I confirm that all information provided is accurate * I confirm that my child will be 2 years of age on or before 1st July of the intake year. * I confirm that my child lives within the areas covered by Lisburn Sure Start. * I confirm that my family is registered with Lisburn Sure Start. * I confirm that I am prepared to participate in the programme by committing to attend Stay and Play sessions and accept Home Visits to discuss my child’s progress. * I confirm that I will ensure that my child has a minimum of 80% attendance on the programme * I confirm that I will attend a minimum of 80% of the Stay and Play sessions.   **At the initial Home Visit you will be required to provide evidence of your child’s date of birth and address.**  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Parent/Carer) | |

**Please return to:**

**Lisburn Sure Start**

**By email:** [**lisburnreception@brysonsurestart.org**](mailto:lisburnreception@brysonsurestart.org)

**By post: Lisburn Sure Start**

**171 Avonmore Park**

**Lisburn**

**BT28 1NE**

By Friday 26th March 2021

**Please DO NOT include any documents with this form,**

**e.g. Birth Certificate, proof of address. This will be requested if your child receives a place.**