

# Bath Opportunity Pre-School

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## BOP Referral Form

Service requested (circle as appropriate)

BOP Sessions

Early Support Home Learning

### Details of Child

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ NHS Number \_\_\_\_\_

Ethnicity \_\_\_\_\_ First Language \_\_\_\_\_

Parent(s)/Carer(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Who has parental responsibility? \_\_\_\_\_

Main contact number \_\_\_\_\_

E-mail \_\_\_\_\_

### Child's GP Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Health Visitor Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Diagnosis (if known)**

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**Diagnosis being investigated**

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**The Referrer**

Who is making this referral \_\_\_\_\_

Position \_\_\_\_\_

Organisation/Agency \_\_\_\_\_

Why are you making this referral (please give as much information as possible)

What do you think BOP can offer this child? (Include views of the child and parent/carer)

**Please list any other professionals and agencies involved:**

**Any other nursery/pre-school attended**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

I am happy for BOP to contact the professionals involved to discuss my child's needs. I am able to commit to 2 BOP sessions or 1 Home Learning Session per week.

Parent/Carer signature \_\_\_\_\_

Date \_\_\_\_\_

Referrer signature \_\_\_\_\_

Date \_\_\_\_\_

Bath Opportunity Pre School work closely with local Children's Centre's.

Are you aware of your local Children's Centre? YES NO

Do you attend your local Children's Centre? YES NO

Do you consent to us registering your details with the Children's Centre nearest to you? YES NO

Parent/Carer Signature

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