

**Referral Form**

**Shropshire HAF (Holiday Activities & Food) Programme**

**For children and young people who meet the Shropshire HAF wider eligibility criteria: Children and young people who live in areas of high deprivation and/or from low-income households who are not in receipt of benefits related free school meals**

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| **School / Organisation Name** |  |
| **Name of Officer / Member of Staff Making Referral \*** |  |
| **Job Role / Title of Officer / Member of Staff Making Referral** |  |
| **Email & Telephone Number of Officer / Member of Staff Making Referral** |  |
| **Details of Child/ren & Young People Being Referred Onto HAF Programme** |
| **CHILD ONE:** |
| **Name of Child / Young Person** |  |
| **Date of Birth & Age** |  |
| **Primary Reason for referring child or young person onto the HAF Programme *(needs to meet wider criteria – see above)*** |  |
| **CHILD TWO:** |
| **Name of Child / Young Person** |  |
| **Date of Birth & Age** |  |
| **Primary Reason for referring child or young person onto the HAF Programme *(needs to meet wider criteria – see above)*** |  |
| **CHILD THREE:** |
| **Name of Child / Young Person** |  |
| **Date of Birth & Age** |  |
| **Primary Reason for referring child or young person onto the HAF Programme *(needs to meet wider criteria – see above)*** |  |

*Please add extra lines to the table if you are referring more children onto the programme.*

**Signed Member of Staff / Officer:**

**Date:**

**Please return completed Form to –** **alexa.pugh@shropshire.gov.uk**

**\*** *Parents and carers can’t refer their child/ren and young people onto the programme direct. All referrals need to be made by a professional supporting the family.*

**ALL** **Children and Young People being referred onto the programme need to meet the wider eligibility criteria, which is:**

• Children living in areas of high deprivation and/or from low-income households who are not in receipt of benefits related free school meals

**Please Note:** these referred places are limited and will be allocated on a first come first served basis by the Shropshire HAF Co-Ordinators.

**Next Steps:**

The HAF Co-Ordinators will check your referral request. If space/s are available on the programme and your referral meets the criteria a place/s will be allocated for the child/ren.

If a referral has been approved and place/s allocated, the person requesting the referral will receive an email with a **code and details of how to make a booking.**

**It is the responsibility of the person making the referral to please pass the code, Information Leaflet and What’s On Guide onto the family and support them in booking onto activity.**

**All bookings for the HAF holiday clubs are being made direct via the organisations running activity. Please see the What’s On Guide for more details.**

Shropshire Council makes the final decision on which children and young people should benefit from the flexible funding element of the HAF programme.

**Please return completed Form to –** **alexa.pugh@shropshire.gov.uk**

By completing this Referral Form, you are agreeing that the information provided can be used by Shropshire Council and partners to manage and evaluate the Shropshire HAF Programme. The HAF Coordinators will be sharing anonymised data to report on and inform the management of the HAF programme to Central Government, council colleagues and HAF partners.

Information provided will be stored securely for a maximum of 6 years and will be used in accordance with Data Protection Legislation. Further information can be found on [www.shropshire.gov.uk/privacy/](http://www.shropshire.gov.uk/privacy/)