



First Steps Bath Opportunity Pre-School

180 Frome Road

Bath

BA2 5RF

Telephone: 01225 830972

Email: bop@firststepsbath.org.uk Website: www.firststepsbath.org.uk

Registered Charity Number: 1012690

Special Services for Early Years

Service required (*circle as appropriate*)

BOP Service

Stay & Play

Details of Child

| | | | |
|----------------------------------|--|---------------------------|--|
| Name: | | | |
| Date of Birth: | | Male / Female: | |
| Address: | | | |
| Post Code: | | NHS Number: (if known) | |
| Ethnicity: | | First Language: | |
| Parent(s) / Carer(s): | | | |
| Relationship to Child: | | | |
| Who has parental responsibility? | | | |
| Main Contact number: | | | |
| Email address: | | | |

Child's GP Details

| | | | |
|-----------------------|--|------------|--|
| Name: | | | |
| Address: | | | |
| Post Code: | | Telephone: | |
| Health Visitors Name: | | | |
| Telephone: | | | |

| | |
|--------------------------------------|--|
| Diagnoses (if known): | |
| Diagnoses being investigated: | |

The Referrer

| | |
|--|--|
| Who is making the referral: | |
| Position: | |
| Organisation/Agency: | |
| Why are you thinking of making the 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: Please tick the box if you are happy for us to contact the professionals for further information. | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |

Any other nurseries/pre-school attended

| | | | |
|------------|--|------------|--|
| Name: | | | |
| Address: | | | |
| Post Code: | | Telephone: | |

| | |
|--|--|
| I am able to commit to two BOP sessions per week. <input type="checkbox"/> | |
| Parents/carers signature: | |
| Date: | |
| Referrer signature: | |
| Date: | |

We process information in line with our GDPR Confidentiality and Data Protection Policy and share appropriately and with consent or legal requirement to secure improved outcomes for children and families. Would you like a copy?

First Steps Mission is to work in partnership with parents, we see children as being nurtured and enabled by their families and wider communities. Please let us know if you think there are areas you might need support with e.g. managing behaviour etc?