Healthy4life is a child weight management intervention programme which involves the whole family. The programme is commissioned by the public health team as part of its public task to support the health and wellbeing of residents. The information below will be passed to the Healthy4Life team and is required to; ensure the child hits the criteria for the programme; so the team have access to any relevant safeguarding information to ensure the appropriate level of support is in place; to ensure appropriate contact is made with the family. The Healthy4life team will contact the family in the first instance to arrange a further preassessment either by telephone or face to face. If requested, information will be shared back with the referrer on any individual outcomes of the programme (e.g., behaviour change, weight loss / gain)



Healthy4Life Referral form



Healthy4Life is delivered by North Tyneside Council. The full privacy notice for the Authority can be found here

[Privacy Notice](https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/North%20Tyneside%20Council%20Full%20Privacy%20Notice.pdf)

|  |  |  |
| --- | --- | --- |
| **Name of child:** | **Sex:** | **Date of birth:** |
| **Address:** | **E-mail address:**  **Home telephone number:**  **Mobile telephone number:** | |
| **Name of parent / carer (who will attend with child):** | **Relationship to child:** | |
| **Address of parent / carer (if different to child):** | **The information below is required to ensure the team are aware of any safeguarding issues in relation to the child / family to ensure appropriate contact is made and support is given.**  **Is there a child protection plan in place for the child?**  *Circle / delete as appropriate*  Yes No Don’t know  **Are there any social work / family partner interventions already in place for the family?**  **No**  **Are there any other safeguarding risks the team need to be aware of?** | |
| **Does the child have a disability and/or are there any other medical conditions the team need to be aware of?** *This information is required in relation to the classroom and physical activity sessions to ensure the activities are appropriate.*  Yes No  **If yes – please give brief details below** |
| **Referrer Details:**  **Name and job title:**  **Address and contact number:**  **Email address** | **Measurements of the child:**  **Height (cm)**  **Weight (kg)**  **BMI (kg/m2)** | |
| **Please circle / delete as relevant:**  **Permission to leave voicemail** **Yes** No  **Permission to send text** Yes No  **Permission to e-mail** **Yes**  No | **Best time of day to contact:** Any time | |
| **Does the referrer want any details of progress / outcome of the child / family?**  **Referrer to explain to family why this is required.** | Yes  If yes this will be subject to consent at the point of preassessment. | No |
| **Please send this form through to the Healthy4Life team, Quadrant East, second floor left, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY**  **Contact telephone number 6437454** | | |