

**Early Years Team**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School/setting |  | | | | | |
| Address |  | Postcode | |  | Telephone |  |
| Named contact |  | | | | | |
| **Service package required (select one):**  □ Inclusion audit □ EYFS practice, provision and advice  □ Ofsted readiness | | | | | | |
| **Specific areas of support required:** | | | | | | |
| Signature of person commissioning support: | | | Position: | | | |
| Name (in capitals): | | | Date: | | | |
| ***We regret that we cannot accept typed signatures. Digital signatures or scanned electronic copies are suitable.*** | | | | | | |
| ***Please return completed referral forms to:***  ***schoolsupportservices@chadsgrove.worcs.sch.uk*** | | | | | | |
| **Chadsgrove School Support Services**  Meadow Road  Catshill, Bromsgrove  Worcestershire, B61 0JL  **Tel:** 01527 871511 (option 2)  **Email:** [schoolsupportservices@chadsgrove.worcs.sch.uk](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk)  **Website:** [https://www.chadsgroveschool.org.uk](https://www.chadsgroveschool.org.uk/web/school_support_services)  @chadsupportteam | | | | | | |