

**Early Years**

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| --- | --- |
| School/Setting |  |
| Address |  |
| Name of contact |  |
| Role/Job title |  |
| Email |  |
| Telephone number |  |
| **Support required (please select all that apply):**□ Inclusion audits□ EYFS practice and provision support and advice□ Ofsted readiness |
| **Package required (please select as appropriate – see Service Directory)**□ Half day package (3 hours)□ Full day package (6 hours)**NB:** support is tailored to each school/setting and content delivery will be best matched to the time package requested. |
| Signature of person commissioning support: | Name (in capitals): |
| Position:  | Date: |
| ***Please return completed referral forms via:*** **Worcestershire County Council Children’s Services Portal** – select named individual – TERESA HAMILTON***OR******EGRESS –*** *schoolsupportsevices@chadsgrove.worcs.sch.uk* |
| **Chadsgrove School Support Services**Meadow RoadCatshill, BromsgroveWorcestershire, B61 0JL**Tel:** 01527 871511 (option 2)**Email:** schoolsupportservices@chadsgrove.worcs.sch.uk**Website:** [https://www.chadsgroveschool.org.uk](https://www.chadsgroveschool.org.uk/web/school_support_services)@chadsupportteam |