



East Lothian Services



What is A Good Start

'A Good Start' runs for 8 weeks. The group will cover topics such as baby massage, weaning, brain development and play. It is a chance to meet other parents and find out more about what's happening in your community

Who is it for?

Babies from 8 weeks of age and their care givers who live in **Prestonpans or Tranent**

Cost

Our services are FREE.



How to access

You can ask your Health Visitor, GP or other professional to refer you. They can assist you to fill in the details on the attached referral form.

You also have the option to self-refer by completing and returning the form yourself. If you require assistance with self-referring, please do not hesitate to contact us by calling 0131 654 0489 or email at referrals@midlothiansurestart.org.uk.

Please note, we need your consent to receive and hold your information on our database, so that we can offer you a service. More details about this are contained in our privacy statement on our website.

Contact

**Midlothian Sure Start, Head Office,
Colliery Court, McSense Business Park,
32 Sycamore Road, Mayfield, Midlothian,
EH22 5TA**

tel: 0131 654 0489

email: referrals@midlothiansurestart.org.uk

web: www.midlothiansurestart.org.uk

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<https://midlothiansurestart.eventbrite.com>



Midlothian Sure Start

Building Best Beginnings

Our Vision

For all Midlothian's children to build the foundations for a happy childhood that serves them a lifetime.

Our Mission

To help each child achieve their full potential by having valued, confident and collaborative staff who will work with each other and other agencies to provide best quality services to children and their families within the communities of Midlothian.

East Lothian Referral Form

Scottish Registered Charity No SC0031038
Company No. 215330. Tax No. CR50620

Name of Parent/Carer		Date of Birth	
Name of Child		Date of Birth	
Health checks completed 6-8 week (for baby massage)	Yes <input type="checkbox"/>	Date	
Other children			
Address and Postcode	Email	Tel	
Consent to contact by mail?	Consent to contact by email?	Consent to contact by telephone?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

How would you like Midlothian Sure Start to help?

I am interested in the following services.
(Tick the service you would like to contact you)

Perinatal Services:	'A Good Start'	Yes <input type="checkbox"/>
Award Winning Programme for Parents and Babies - Infant Massage, Infant Weaning, Baby Brain & Play		

	Name	Surgery
Health Visitor details		
GP details		

Name of Referrer (if different from above)			
Referrer: we will hold your contact details to support this referral			
Name			
Position	Agency		
Address and Postcode	Email	Tel	

I consent to be contacted and for my information to be held on MSS database. (Please sign and date)

Signature of Referred (Parent/Carer)		Date	
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Admin use only			
Date referral received:		Date service offered:	
Date entered into database		Family ID no:	