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**APPLICATION FOR NPA SERVICE REGISTRATION & MEMBERSHIP**

**1ST October 2024-30TH September 2025**

The cost for Service Registration for the year is **£144** (£120 + VAT) and membership is **£40**.

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| **PART 1 – SERVICE DETAILS** | | | | | |
| Name of Service |  | | | | |
| Address |  | | | | |
| 1. **SERVICE CONTACTS**   We use the information you provide in this section to advertise contact details for your Service on our website: -  <https://www.portage.org.uk/support/region>  **Please check the information we hold for you is still correct and up to date.**  **Is the Portage lead / Team manager / Contact different to the information on our website?**  **NO (Please go to section B. if no) YES (please complete section A.below if yes)** | | | | | |
| Portage Lead/Team Manager \* |  | | | | |
| E-mail |  | | | | |
| Telephone No. |  | | | | |
| Contact Person, Name and Job title\*(E.g., Administrator) |  | | | | |
| Email (If different from above) |  | | | | |
| Telephone No. (If different from above) |  | | | | |
| Any links you would like to be included e.g., to your ‘Local Offer’ etc. can be given here |  | | | | |
| 1. **ADDITIONAL SERVICE DETAILS** | | | | | |
| Geographical area/s covered by your Service |  | | | | |
| Local Authority |  | | | | |
| Service funded by |  | | | | |
| Age range of children supported |  | | | | |
| When is Portage provision available? | **Term time only All year round** | | | | |
| Has your budget for Portage provision been cut in the last 12 months?  **If YES by what proportion** | **YES NO** | | | | |
| Has your Service been restructured in the last 12 months or is a restructure planned?***Brief outline*** | **YES NO** | | | | |
| Are Portage Home Visits still the main service you offer? | **YES NO** | | | | |
| Has the number of PHVs in your team changed in the last 12 months?  **If so, how?** | **YES NO** | | | | |
| How many referrals were made to the service in the year 2023-2024? |  | | | | |
| Have referrals increased or decreased from the previous year? | **Increased Decreased** | | | | |
| How many families received a Portage service from you in the year 2023-2024? |  | | | | |
| How many referrals are currently on your waiting list? |  | | | | |
| What is the approximate current length of wait from point of referral? |  | | | | |
| What is the average length of contact with the service? |  | | | | |
| Is Portage being used in Early Years Settings in your area? | **YES NO** | | | | |
| The NPA is available for support and advice following any changes to services, do you require any current support? (A follow up call will be arranged at a time to suit to discuss further) | **YES NO** | | | | |
| 1. **THE TEAM**   Please list all Portage/Early Years Practitioners in your team (adding in extra rows where necessary) | | | | | |
| **Name** | | **Job title** | | **Portage Workshop Completed?**  **YES/NO** | **NPA Core Competencies completed?**  **YES/NO** |
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| If any of your Team Members listed above have NOT completed the Portage Workshop, please explain why and what plans are in place for their training: - | | | | | |
| Would you be interested in training from the NPA in Core Competencies? | | | **YES NO** | | |
| Do any of the Team Members listed above work part-time? | | | **YES NO** | | |
| If YES – How many Full-time Equivalents (FTEs) does your whole team equate to? | | | **No of FTEs:-** | | |
| **\*\*A requirement for Service Registration** is that a minimum of 3 staff hold Individual Membership of the NPA. \*\* (For smaller Services with 4 FTE staff or fewer, the requirement is reduced to 50% of staff holding membership).  **Please see PART 3 – INDIVIDUAL MEMBERSHIPS below for further details.** | | | | | |

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| **PART 2 – SERVICE REGISTRATION CRITERIA** | | | | | | |
| Please answer the following questions, as fully as possible. These questions represent the criteria which needs to be met to qualify for NPA Registration.  The different levels of registration that can be achieved are as follows: -   * **5 Star Registered Portage Service \*\*\*\*\*** * **4 Star Registered Portage Service \*\*\*\*** * **Establishing Portage Service** * **Early Years’ Service (NPA Affiliated)**   Further details can be found on the **‘Registered Service Criteria Checklist’** which should have been provided with this form. | | | | | | |
| 1. **USING PORTAGE PRINCIPLES** | | | | | | |
| Does your service use Portage Principles within their early years practice? | | | | **YES NO** | | |
| Does your Service use the NPA Code of Practice? | | | | **YES NO** | | |
| Do the NPA Core Competencies of Family Partnership; Multi-agency Working; Planning, Recording and Sharing Activities, Continuing Personal Development and Continuing Professional Development underpin the delivery of your Portage Service? | | | | **YES NO** | | |
| Please briefly describe how the Code of Practice and Core Competencies inform practice within your Service: - | | | | | | |
| The **NPA Code of Practice 2019** can be downloaded from the NPA website here <https://www.portage.org.uk/about/about-npa>  The **Core Competencies** are available to download free from the NPA Website <https://www.portage.org.uk/support/training/types-training/npa-core-competencies> | | | | | | |
| 1. **PORTAGE SUPPORT/ACTIVITY** | | | | | | |
| Does your Service provide home visits? | | | | **YES NO** | | |
| If ‘YES’ please indicate the frequency of your home visits: - | | | | | | |
| Weekly or fortnightly |  | Monthly | |  | Termly |  |
| Block |  | Other | |  |  |  |
| Other (please describe): - | | | | | | |
| What other Services do you offer? (Please tick all those relevant) | | | | | |  |
| Groups |  | Training | |  | Parent Support |  |
| Early Support |  | Setting Support | |  | Service Support |  |
| Other (please describe): - | | | | | | |
| Do you offer home visits to families with children in early years settings/childminders?  **YES NO** | | | | | | |
| Please provide as much information as possible about the other services you provide to support / in addition to home visits (for example support with EHCP): | | | | | | |
| 1. **HOLISTIC ASSESSMENT**   Please include details below of the assessment tools you use in your work; these may include Toolkits, observational records, and development profiles/checklists. | | | | | | |
| Which assessment tools do you use to measure children’s progress? | | | | | | |
| How do you liaise with other agencies and Early Years Settings to assess and support children’s progress? | | | | | | |
| How do you ensure that families’ priorities are shared and addressed? | | | | | | |
| 1. **SUPERVISION/QUALITY ASSURANCE OF PORTAGE DELIVERY** | | | | | | |
| Do your Practitioners have planned supervision/discussions about individual children’s progress and their own Portage practice with an experienced early years professional at least fortnightly? | | | **YES NO** | | | |
| **If YES –** are they | | | **INDIVIDUAL / SMALL GROUP or BOTH** | | | |
| **If YES –** how often? | | |  | | | |
| **If NO** – please describe your alternative arrangements: - | | | | | | |
| Has everyone providing supervision/support to Portage Practitioners successfully completed a Portage Workshop delivered and certificated by an NPA Accredited Trainer? | | | **YES NO** | | | |
| **If NO** do they have a good understanding of Portage Home Visiting, the Portage Principles and the NPA Code of Practice? | | | **YES NO** | | | |
| 1. **APPRAISAL ARRANGEMENTS** | | | | | | |
| Does your service use a formal appraisal system to support personal and professional development of your Portage Home Visitors/Early Years Practitioners | | | **YES NO** | | | |
| **If NO** what appraisal arrangements are in place?:- | | | | | | |

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| **PART 3– INDIVIDUAL MEMBERSHIPS** | | | | |
| Whilst we actively encourage all Portage professionals to hold NPA membership, it is a **requirement for Service Registration is that a minimum of 3 staff hold Individual Membership of the NPA (for smaller Services with 4 FTE staff or fewer, the requirement is reduced to 50% of staff holding membership).**  **It is also essential for all NPA Accredited and Trainee Trainers in your team to hold individual membership.**  **INDIVIDUAL MEMBERSHIP is £40 per Membership, per year and includes: -**   * + Access to a wide range of downloadable resources and Portage materials.   + Access to ‘Professional only’ areas of website, including on-line forum   + Access to CPD and training opportunities   + Reduced member rates for training and events   + Invitations to termly, on-line Members meetings   **Please add in additional rows where necessary** | | | | |
| **Members Name** | **Contact email address** | **Contact phone no.** | **Membership renewal (R) or new application (N)** | **Paid by Service (S) or individual (I)** |
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| **Please note:** If you have indicated that any memberships are paid for by the individual, they will be contacted separately to arrange payment via their preferred method. | | | | |

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| **PART 4 -PAYMENT DETAILS** | | | | | |
| **Please total your payment in this section** | | | | | |
| **Service Registration fee: -** | | | | **Amount** | |
| This is £120 (+VAT) for all Services | | | | **£ 144.00** | |
| **Memberships: -**   * Please indicate how many Memberships we should be invoicing you for * Do not include here any Memberships paid for by the individual * Each Membership is £40 per member, per year | | | **No. of Memberships** | **Amount** | |
|  | **£** | |
| **TOTAL Payable** | | | | **TOTAL**  **£** | |
| **SERVICE BILLING DETAILS**  Please provide the details of the contact person for payments in your organisation | | | | | |
| Contact name | |  | | | |
| Address | |  | | | |
| E-mail | |  | | | |
| Telephone number | |  | | | |
| **Purchase Order Number\*** (Please attach a copy of the purchase order forwarded to your finance department) | |  | | | |
| **PAYMENT TERMS: PAYMENT IS DUE WITHIN 28 DAYS OF INVOICE RECEIPT** | | | | | |
| **PART 5 – DECLARATION** | | | | | |
| **Declaration & Data Protection** | | | | | **Please tick √**  **to confirm agreement.** |
| As a Registered Service, we undertake to raise awareness of the National Portage Association and promote its values and principles as outlined in the Value Statement | | | | |  |
| I understand that the information provided above is to be used for the purpose of supplying contact details and general information about the above-named Portage Service and its Members | | | | |  |
| I confirm that I am happy for the above information to be held and used by the National Portage Association and for the contact details provided in Part 1 (a) only, to be published. | | | | |  |
| **I certify that to the best of my knowledge the information on this form is correct.** | | | | | |
| **Name:** |  | | | | |
| **Position:** |  | | | | |
| **Date:** |  | | | | |
| To apply for service registration and membership for 2024-2025, please return this form to National Portage Association via email to[**info@portage.org.uk**](mailto:info@portage.org.uk)(Email applications are preferred)  **OR** by post to: **National Portage Association, Kings Court, 17 School Road, Hall Green, Birmingham, B28 8JG**  **You will be invoiced when your application for registration has been checked and accepted.**  *If payment is not received in accordance with our terms and conditions, an administration charge of £40 will be incurred.* | | | | | |

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| **PART 6 – DEVELOPING PORTAGE NETWORKS** | |
| **We are interested in developing the support networks available to Portage services and would appreciate your replies to the below questions.** | |
| Does your Portage service currently meet with other local teams? | **YES**  **NO** |
| If yes, which teams do you currently meet with? | |
| If no, which services would be most accessible for you? (A list of registered Portage Services is attached to the Service Registration email) | |
| If you currently meet with other local services, please can you provide details of any benefits you feel meeting bring? | |
| If you don’t currently meet with other services would this be of interest to you? | **YES NO** |
| Do you have access to a potential venue to host such meetings? | **YES NO** |
| **Any other comments:** | |