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| Requesting for support from: | ***Choose an item.*** |
| **Details of person requesting support**  | Date |   |
| Name  |   | Role |   |
| Agency/organisation |   | District or address |   |
| Contact number |   | Contact email |   |
| **Family information** |
| Child/young person name  |   | Child/young person’s DOB  |  |
| School |   | Year group | ***Choose an item.*** | UPN |   |
| Address (Inc. postcode) |   |
| Parent(s)/Carer(s) name |   | Address (if different) |   |
| Family contact details |  |
| Please confirm that you have written consent from the family and young person |  ***Choose an item.*** |   |
| **Details of the request - please ensure you outline in more detail the issues you have identified** |
| Select issues you believe are present in the family (if more than one, please rank in order of significance) ***Click here for list and type selection on the right*** |  |
| Select main reason/s for the request for support (if more than one, please rank in order of urgency) ***Click here for list and type selection on the right*** |  |
| Please state your reasons for making this request and why additional support is needed |
|   |
| Please outline any work that has been undertaken with the family/individual including any successes  |
|   |
| Please outline the issues, concerns and/or risks identified  |
|   |
| Family / Individual views: What is the family hoping to achieve from this request? |
|   |
| What is the intended outcome of Early Help & Preventative Services intervention? |
|   |

**Family Consent to Share Information**

I/We understand the information gathered regarding my family is recorded and will be stored and used for the purpose of providing advice and support services for my family, and for the evaluation of these services. I/We agree to the sharing of information between the practitioners working **with** my family in connection to this support and that such practitioners might include, amongst others, family workers, youth workers, teachers, doctors, psychologists, nurses, therapists and social workers.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Last name | DOB | Gender (M/F) | Relationshipe.g. mother, father, child | Ethnic origin | Any declared disability | Name of school or workplace (include NI) | Signature of consent |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |
|   |   |   |   |   | ***Choose an item.*** | ***Choose an item.*** |   |   |

***(Please state ‘yes’ in signature box above to indicate signed copy held locally)***

|  |  |
| --- | --- |
| Individuals or agencies you do **not** wish information to be shared with. Please give reasons why. | Information you do **not** want to be shared |
|  |   |

**IMPORTANT**: The main family contact needs to sign beside any member of the family that is aged 15 or under\*. Any family member over the age of 16 needs to give consent by signing against their details.

*\*A young person aged 12 or over, who has the capacity to understand and has sufficient understanding to make their own decisions, may give (or refuse) consent to sharing information. This should include an understanding of the question being asked, what information might be shared and implications of sharing that information. It is good practice to ensure you have their consent to share information and work with services.*

**Additional information**

Details of other agencies / practitioners involved with the family (e.g. GP and School):

|  |  |  |  |
| --- | --- | --- | --- |
| **Practitioner Name** | **Job role/ Team/ Organisation** | **Supporting which family member** | **Contact details *(work details only)*** |
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Details of any assessments or referrals that you are aware have already been undertaken or made

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| --- | --- | --- | --- |
| **Assessment*****e.g. CAF, Social Care, Health, Education*** | **Assessment for which family member** | **Date of assessment** | **Assessors name, service and contact details** |
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